

**FEC
FORM 3X****REPORT OF RECEIPTS
AND DISBURSEMENTS**
For Other Than An Authorized Committee

Office Use Only

1. NAME OF COMMITTEE (in full) TYPE OR PRINT ▼ Example: If typing, type over the lines. 12FE4M5

CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC

ADDRESS (number and street) ▼

ATTENTION: MARY ANN ROUSE

1000 BLYTHE BOULEVARD

☐ Check if different than previously reported. (ACC)

CHARLOTTE

NC

28203-2861 -

2. FEC IDENTIFICATION NUMBER ▼ CITY ▲ STATE ▲ ZIP CODE ▲

C C00423871

3. IS THIS
REPORT☒NEW
(N)

OR

☐AMENDED
(A)

4. TYPE OF REPORT

(Choose One)

(a) Quarterly Reports:

☐ April 15
Quarterly Report (Q1)☐ July 15
Quarterly Report (Q2)☒ October 15
Quarterly Report (Q3)☐ January 31
Year-End Report (YE)☐ July 31 Mid-Year
Report (Non-election
Year Only) (MY)☐ Termination Report
(TER)(b) Monthly
Report
Due On:☐ Feb 20 (M2)☐ May 20 (M5)☐ Aug 20 (M8)☐ Nov 20 (M11)
(Non-Election
Year Only)☐ Mar 20 (M3)☐ Jun 20 (M6)☐ Sep 20 (M9)☐ Dec 20 (M12)
(Non-Election
Year Only)☐ Apr 20 (M4)☐ Jul 20 (M7)☐ Oct 20 (M10)☐ Jan 31 (YE)

(c) 12-Day

PRE-Election

Report for the:

☐ Primary (12P)☐ Convention (12C)☐ General (12G)☐ Special (12S)☐ Runoff (12R)

Election on

M M M / D D D / Y Y Y Y Y Y

in the
State of

(d) 30-Day

POST-Election

Report for the:

☐ General (30G)☐ Runoff (30R)☐ Special (30S)

Election on

M M M / D D D / Y Y Y Y Y Y

in the
State of

5. Covering Period 07 / 01 / 2014 through 09 / 30 / 2014

I certify that I have examined this Report and to the best of my knowledge and belief it is true, correct and complete.

Type or Print Name of Treasurer Mary Ann Rouse

Signature of Treasurer

Mary Ann Rouse

[Electronically Filed]

Date

10

08

2014

NOTE: Submission of false, erroneous, or incomplete information may subject the person signing this Report to the penalties of 2 U.S.C. §437g.

Office
Use
Only**FEC FORM 3X**
Rev. 12/2004

SUMMARY PAGE OF RECEIPTS AND DISBURSEMENTS

FEC Form 3X (Rev. 02/2003)

Page 2

Write or Type Committee Name

CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC

Report Covering the Period: From: M M / D D / Y Y Y Y Y Y
07 01 2014 To: M M / D D / Y Y Y Y Y Y
09 30 2014

	COLUMN A This Period	COLUMN B Calendar Year-to-Date
6. (a) Cash on Hand January 1, Y Y Y Y Y Y 2014		274486.06
(b) Cash on Hand at Beginning of Reporting Period.....	188121.86	
(c) Total Receipts (from Line 19)	18181.44	57341.31
(d) Subtotal (add Lines 6(b) and 6(c) for Column A and Lines 6(a) and 6(c) for Column B).....	206303.30	331827.37
7. Total Disbursements (from Line 31)	158250.00	283774.07
8. Cash on Hand at Close of Reporting Period (subtract Line 7 from Line 6(d))	48053.30	48053.30
9. Debts and Obligations Owed TO the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	
10. Debts and Obligations Owed BY the Committee (Itemize all on Schedule C and/or Schedule D)	0.00	

☒ This committee has qualified as a multicandidate committee. (see FEC FORM 1M)

For further information contact:

Federal Election Commission
999 E Street, NW
Washington, DC 20463

Toll Free 800-424-9530
Local 202-694-1100

DETAILED SUMMARY PAGE

of Receipts

FEC Form 3X (Rev. 06/2004)

Page 3

Write or Type Committee Name

CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC

Report Covering the Period:

From:

 M M / D D / Y Y Y Y
 07 01 2014

To:

 M M / D D / Y Y Y Y
 09 30 2014
I. Receipts
COLUMN A
Total This Period
COLUMN B
Calendar Year-to-Date

11. Contributions (other than loans) From:

(a) Individuals/Persons Other

Than Political Committees

(i) Itemized (use Schedule A).....

16382.75

46225.58

(ii) Unitemized

1753.27

10818.38

(iii) TOTAL (add

Lines 11(a)(i) and (ii)..... ▶

18136.02

57043.96

(b) Political Party Committees

0.00

0.00

(c) Other Political Committees

(such as PACs).....

0.00

0.00

(d) Total Contributions (add Lines

11(a)(iii), (b), and (c)) (Carry

Totals to Line 33, page 5)

18136.02

57043.96

12. Transfers From Affiliated/Other

Party Committees.....

0.00

0.00

13. All Loans Received

0.00

0.00

14. Loan Repayments Received.....

0.00

0.00

15. Offsets To Operating Expenditures

(Refunds, Rebates, etc.)

(Carry Totals to Line 37, page 5).....

0.00

137.72

16. Refunds of Contributions Made

to Federal Candidates and Other

Political Committees.....

0.00

0.00

17. Other Federal Receipts

(Dividends, Interest, etc.).....

45.42

159.63

18. Transfers from Non-Federal and Levin Funds

(a) Non-Federal Account

(from Schedule H3)

0.00

0.00

(b) Levin Funds (from Schedule H5)

0.00

0.00

(c) Total Transfers (add 18(a) and 18(b))..

0.00

0.00

19. Total Receipts (add Lines 11(d),

12, 13, 14, 15, 16, 17, and 18(c))..... ▶

18181.44

57341.31

20. Total Federal Receipts

(subtract Line 18(c) from Line 19)

18181.44

57341.31

DETAILED SUMMARY PAGE

of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 4

II. Disbursements	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
21. Operating Expenditures:		
(a) Allocated Federal/Non-Federal Activity (from Schedule H4)		
(i) Federal Share	0.00	0.00
(ii) Non-Federal Share.....	0.00	0.00
(b) Other Federal Operating Expenditures	0.00	24.07
(c) Total Operating Expenditures (add 21(a)(i), (a)(ii), and (b))	0.00	24.07
22. Transfers to Affiliated/Other Party Committees.....	0.00	0.00
23. Contributions to Federal Candidates/Committees and Other Political Committees.....	32500.00	52500.00
24. Independent Expenditures (use Schedule E)	0.00	0.00
25. Coordinated Party Expenditures (2 U.S.C. §441a(d)) (use Schedule F).....	0.00	0.00
26. Loan Repayments Made.....	0.00	0.00
27. Loans Made.....	0.00	0.00
28. Refunds of Contributions To:		
(a) Individuals/Persons Other Than Political Committees	0.00	0.00
(b) Political Party Committees	0.00	0.00
(c) Other Political Committees (such as PACs).....	0.00	0.00
(d) Total Contribution Refunds (add Lines 28(a), (b), and (c)).....	0.00	0.00
29. Other Disbursements	125750.00	231250.00
30. Federal Election Activity (2 U.S.C. §431(20))		
(a) Allocated Federal Election Activity (from Schedule H6)		
(i) Federal Share	0.00	0.00
(ii) "Levin" Share.....	0.00	0.00
(b) Federal Election Activity Paid Entirely With Federal Funds	0.00	0.00
(c) Total Federal Election Activity (add .. Lines 30(a)(i), 30(a)(ii) and 30(b))....	0.00	0.00
31. Total Disbursements (add Lines 21(c), 22, 23, 24, 25, 26, 27, 28(d), 29 and 30(c)) ..	158250.00	283774.07
32. Total Federal Disbursements (subtract Line 21(a)(ii) and Line 30(a)(ii) from Line 31).....	158250.00	283774.07

DETAILED SUMMARY PAGE
of Disbursements

FEC Form 3X (Rev. 02/2003)

Page 5

III. Net Contributions/Operating Expenditures	COLUMN A Total This Period	COLUMN B Calendar Year-to-Date
33. Total Contributions (other than loans) (from Line 11(d), page 3)	18136.02	57043.96
34. Total Contribution Refunds (from Line 28(d))	0.00	0.00
35. Net Contributions (other than loans) (subtract Line 34 from Line 33)	18136.02	57043.96
36. Total Federal Operating Expenditures (add Line 21(a)(i) and Line 21(b)) ►	0.00	24.07
37. Offsets to Operating Expenditures (from Line 15, page 3).....	0.00	137.72
38. Net Operating Expenditures (subtract Line 37 from Line 36) ►	0.00	-113.65

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 6 OF 74

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

Any information copied from such Reports and Statements may not be sold or used by any person for the purpose of soliciting contributions or for commercial purposes, other than using the name and address of any political committee to solicit contributions from such committee.

NAME OF COMMITTEE (In Full)

CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC

Full Name (Last, First, Middle Initial)

A. Pamela M Beckwith

Mailing Address 1709 Rosebank Lane

City

Charlotte

State

NC

Zip Code

28226

FEC ID number of contributing
federal political committee.

C

Name of Employer

CarolinasHealthCareSystem

Occupation

ADMIN

Receipt For: 2014

☐ Primary

☒ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1166.69

Date of Receipt

07 / 01 / 2014

Transaction ID : SA11AI.12161

Amount of Each Receipt this Period

166.67

Payroll Deduction \$166.67 monthly

Full Name (Last, First, Middle Initial)

B. Pamela M Beckwith

Mailing Address 1709 Rosebank Lane

City

Charlotte

State

NC

Zip Code

28226

FEC ID number of contributing
federal political committee.

C

Name of Employer

CarolinasHealthCareSystem

Occupation

ADMIN

Receipt For: 2014

☐ Primary

☒ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1333.36

Date of Receipt

08 / 01 / 2014

Transaction ID : SA11AI.12233

Amount of Each Receipt this Period

166.67

Payroll Deduction \$166.67 monthly

Full Name (Last, First, Middle Initial)

C. Pamela M Beckwith

Mailing Address 1709 Rosebank Lane

City

Charlotte

State

NC

Zip Code

28226

FEC ID number of contributing
federal political committee.

C

Name of Employer

CarolinasHealthCareSystem

Occupation

ADMIN

Receipt For: 2014

☐ Primary

☒ General

☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.03

Date of Receipt

08 / 29 / 2014

Transaction ID : SA11AI.12371

Amount of Each Receipt this Period

166.67

Payroll Deduction \$166.67 monthly

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

500.01

SCHEDULE A (FEC Form 3X)
ITEMIZED RECEIPTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER: PAGE 7 OF 74
(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12
<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16
<input type="checkbox"/> 17			

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NAME OF COMMITTEE (In Full)

CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC

Full Name (Last, First, Middle Initial)

A. Benjamin Rix Brooks

Mailing Address 2024 New Hope Road

City	State	Zip Code
Charlotte	NC	28203-6064

FEC ID number of contributing
federal political committee.

C

Name of Employer
CarolinasHealthCareSystemOccupation
PHYS

Receipt For: 2014

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Aggregate Year-to-Date ▼

291.69

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
07 / 01 / 2014

Transaction ID : SA11AI.12167

Amount of Each Receipt this Period

41.67

Payroll Deduction \$41.67 monthly

Full Name (Last, First, Middle Initial)

B. Benjamin Rix Brooks

Mailing Address 2024 New Hope Road

City	State	Zip Code
Charlotte	NC	28203-6064

FEC ID number of contributing
federal political committee.

C

Name of Employer
CarolinasHealthCareSystemOccupation
PHYS

Receipt For: 2014

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Aggregate Year-to-Date ▼

333.36

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 01 / 2014

Transaction ID : SA11AI.12239

Amount of Each Receipt this Period

41.67

Payroll Deduction \$41.67 monthly

Full Name (Last, First, Middle Initial)

C. Benjamin Rix Brooks

Mailing Address 2024 New Hope Road

City	State	Zip Code
Charlotte	NC	28203-6064

FEC ID number of contributing
federal political committee.

C

Name of Employer
CarolinasHealthCareSystemOccupation
PHYS

Receipt For: 2014

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Aggregate Year-to-Date ▼

375.03

Date of Receipt

M M M / D D D / Y Y Y Y Y Y
08 / 29 / 2014

Transaction ID : SA11AI.12377

Amount of Each Receipt this Period

41.67

Payroll Deduction \$41.67 monthly

SUBTOTAL of Receipts This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

125.01

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 8 OF 74
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC

Full Name (Last, First, Middle Initial)

A. Mr. Jerry L Bryson

Mailing Address 148 Cabell Way

City State Zip Code
Charlotte NC 28211

FEC ID number of contributing
federal political committee.

C

Name of Employer

Carolinas HealthCare System

Occupation

ADMIN

Receipt For: 2014

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

08 / 29 / 2014

Transaction ID : SA11AI.12367

Amount of Each Receipt this Period

25.00

Payroll Deduction \$25 monthly

Full Name (Last, First, Middle Initial)

B. Mr. Stephen C Burr

Mailing Address 203 Eslynn Road

City State Zip Code
Mount Holly NC 28120

FEC ID number of contributing
federal political committee.

C

Name of Employer

Carolinas HealthCare System

Occupation

ADMIN

Receipt For: 2014

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

437.50

Date of Receipt

07 / 01 / 2014

Transaction ID : SA11AI.12169

Amount of Each Receipt this Period

62.50

Payroll Deduction \$62.5 monthly

Full Name (Last, First, Middle Initial)

c. Mr. Stephen C Burr

Mailing Address 203 Eslynn Road

City State Zip Code
Mount Holly NC 28120

FEC ID number of contributing
federal political committee.

C

Name of Employer

Carolinas HealthCare System

Occupation

ADMIN

Receipt For: 2014

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

500.00

Date of Receipt

08 / 01 / 2014

Transaction ID : SA11AI.12241

Amount of Each Receipt this Period

62.50

Payroll Deduction \$62.5 monthly

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

150.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 9 OF 74
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC

Full Name (Last, First, Middle Initial)

A. Mr. Stephen C Burr

Mailing Address 203 Eslynn Road

City State Zip Code
 Mount Holly NC 28120

FEC ID number of contributing
federal political committee.

C

Name of Employer

Carolinas HealthCare System

Occupation

ADMIN

Receipt For: 2014

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

562.50

Date of Receipt

08 / 29 / 2014

Transaction ID : SA11AI.12379

Amount of Each Receipt this Period

62.50

Payroll Deduction \$62.5 monthly

Full Name (Last, First, Middle Initial)

B. Nancy C. Butler

Mailing Address 3821 Kitley Place

City State Zip Code
 Charlotte NC 28210

FEC ID number of contributing
federal political committee.

C

Name of Employer

CarolinasHealthCareSystem

Occupation

ADMIN

Receipt For: 2014

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

291.69

Date of Receipt

07 / 01 / 2014

Transaction ID : SA11AI.12182

Amount of Each Receipt this Period

41.67

Payroll Deduction \$41.67 monthly

Full Name (Last, First, Middle Initial)

c. Nancy C. Butler

Mailing Address 3821 Kitley Place

City State Zip Code
 Charlotte NC 28210

FEC ID number of contributing
federal political committee.

C

Name of Employer

CarolinasHealthCareSystem

Occupation

ADMIN

Receipt For: 2014

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.36

Date of Receipt

08 / 01 / 2014

Transaction ID : SA11AI.12254

Amount of Each Receipt this Period

41.67

Payroll Deduction \$41.67 monthly

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

145.84

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC

Full Name (Last, First, Middle Initial)

A. Nancy C. Butler

Mailing Address 3821 Kitley Place

City State Zip Code
Charlotte NC 28210

FEC ID number of contributing
federal political committee.

C

Name of Employer
CarolinasHealthCareSystem

Occupation
ADMIN

Receipt For: 2014

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.03

Date of Receipt

08 / 29 / 2014

Transaction ID : SA11AI.12392

Amount of Each Receipt this Period

41.67

Payroll Deduction \$41.67 monthly

Full Name (Last, First, Middle Initial)

B. Dr. Vincent P Casingal

Mailing Address 7112 Graybeard Court

City State Zip Code
Charlotte NC 28226

FEC ID number of contributing
federal political committee.

C

Name of Employer
CarolinasHealthCareSystem

Occupation
PHYS

Receipt For: 2014

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

08 / 29 / 2014

Transaction ID : SA11AI.12413

Amount of Each Receipt this Period

25.00

Payroll Deduction \$25 monthly

Full Name (Last, First, Middle Initial)

C. Mr. Jack F Chamblee

Mailing Address 798 Hidden Forest Lane

City State Zip Code
Hayesville NC 28904

FEC ID number of contributing
federal political committee.

C

Name of Employer
Carolinas HealthCare System

Occupation
ADMIN

Receipt For: 2014

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

291.69

Date of Receipt

07 / 01 / 2014

Transaction ID : SA11AI.12205

Amount of Each Receipt this Period

41.67

Payroll Deduction \$41.67 monthly

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

108.34

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC

Full Name (Last, First, Middle Initial)

A. Mr. Jack F Chamblee

Mailing Address 798 Hidden Forest Lane

City State Zip Code
 Hayesville NC 28904

FEC ID number of contributing
federal political committee.

C

Name of Employer

Carolinas HealthCare System

Occupation

ADMIN

Receipt For: 2014

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.36

Date of Receipt

08 / 01 / 2014

Transaction ID : SA11AI.12277

Amount of Each Receipt this Period

41.67

Payroll Deduction \$41.67 monthly

Full Name (Last, First, Middle Initial)

B. Mr. Jack F Chamblee

Mailing Address 798 Hidden Forest Lane

City State Zip Code
 Hayesville NC 28904

FEC ID number of contributing
federal political committee.

C

Name of Employer

Carolinas HealthCare System

Occupation

ADMIN

Receipt For: 2014

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.03

Date of Receipt

08 / 29 / 2014

Transaction ID : SA11AI.12415

Amount of Each Receipt this Period

41.67

Payroll Deduction \$41.67 monthly

Full Name (Last, First, Middle Initial)

C. Mr. Paul G Colavita

Mailing Address 2401 Inverness Road

City State Zip Code
 Charlotte NC 28209

FEC ID number of contributing
federal political committee.

C

Name of Employer

Carolinas HealthCare System

Occupation

ADMIN

Receipt For: 2014

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

291.69

Date of Receipt

07 / 01 / 2014

Transaction ID : SA11AI.12175

Amount of Each Receipt this Period

41.67

Payroll Deduction \$41.67 monthly

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

125.01

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 12 OF 74

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC

Full Name (Last, First, Middle Initial)

A. Mr. Paul G Colavita

Mailing Address 2401 Inverness Road

City State Zip Code
Charlotte NC 28209

FEC ID number of contributing
federal political committee.

C

Name of Employer

Carolinas HealthCare System

Occupation

ADMIN

Receipt For: 2014

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.36

Date of Receipt

08 / 01 / 2014

Transaction ID : SA11AI.12247

Amount of Each Receipt this Period

41.67

Payroll Deduction \$41.67 monthly

Full Name (Last, First, Middle Initial)

B. Mr. Paul G Colavita

Mailing Address 2401 Inverness Road

City State Zip Code
Charlotte NC 28209

FEC ID number of contributing
federal political committee.

C

Name of Employer

Carolinas HealthCare System

Occupation

ADMIN

Receipt For: 2014

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.03

Date of Receipt

08 / 29 / 2014

Transaction ID : SA11AI.12385

Amount of Each Receipt this Period

41.67

Payroll Deduction \$41.67 monthly

Full Name (Last, First, Middle Initial)

C. Rose Lyerly Cook

Mailing Address 1329 Wyanoke Avenue

City State Zip Code
Shelby NC 28152

FEC ID number of contributing
federal political committee.

C

Name of Employer

CarolinasHealthCareSystem

Occupation

ADMIN

Receipt For: 2014

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

08 / 29 / 2014

Transaction ID : SA11AI.12365

Amount of Each Receipt this Period

25.00

Payroll Deduction \$25 monthly

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

108.34

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC

Full Name (Last, First, Middle Initial)

A. Michael P Fabrizio

Mailing Address 18754 Greyton Lane

City

Davidson

State

NC

Zip Code

28036

FEC ID number of contributing
federal political committee.

C

Name of Employer

CarolinasHealthCareSystem

Occupation

ADMIN

Receipt For: 2014

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

08 / 29 / 2014

Transaction ID : SA11AI.12374

Amount of Each Receipt this Period

25.00

Payroll Deduction \$25 monthly

Full Name (Last, First, Middle Initial)

B. Dr. Marsha D Ford

Mailing Address 6836 Alexander Road

City

Charlotte

State

NC

Zip Code

28270

FEC ID number of contributing
federal political committee.

C

Name of Employer

Carolinas HealthCare System

Occupation

PHYS

Receipt For: 2014

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

07 / 01 / 2014

Transaction ID : SA11AI.12198

Amount of Each Receipt this Period

100.00

Payroll Deduction \$100 monthly

Full Name (Last, First, Middle Initial)

c. Dr. Marsha D Ford

Mailing Address 6836 Alexander Road

City

Charlotte

State

NC

Zip Code

28270

FEC ID number of contributing
federal political committee.

C

Name of Employer

Carolinas HealthCare System

Occupation

PHYS

Receipt For: 2014

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

08 / 01 / 2014

Transaction ID : SA11AI.12270

Amount of Each Receipt this Period

100.00

Payroll Deduction \$100 monthly

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

225.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC

<p>Full Name (Last, First, Middle Initial) A. Dr. Marsha D Ford</p> <p>Mailing Address 6836 Alexander Road</p> <p>City State Zip Code Charlotte NC 28270</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Carolinas HealthCare System PHYS</p> <p>Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 900.00</p>		<p>Date of Receipt M M / D D / Y Y Y Y Y 08 / 29 / 2014 Transaction ID : SA11AI.12408</p> <p>Amount of Each Receipt this Period 100.00</p> <p>Payroll Deduction \$100 monthly</p>
<p>Full Name (Last, First, Middle Initial) B. Michelle Fortune</p> <p>Mailing Address 105 Willow-Ridge Drive</p> <p>City State Zip Code Morganton NC 28655</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation CarolinasHealthCareSystem ADMIN</p> <p>Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 291.69</p>		<p>Date of Receipt M M / D D / Y Y Y Y Y 07 / 01 / 2014 Transaction ID : SA11AI.12149</p> <p>Amount of Each Receipt this Period 41.67</p> <p>Payroll Deduction \$41.67 monthly</p>
<p>Full Name (Last, First, Middle Initial) c. Michelle Fortune</p> <p>Mailing Address 105 Willow-Ridge Drive</p> <p>City State Zip Code Morganton NC 28655</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation CarolinasHealthCareSystem ADMIN</p> <p>Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 333.36</p>		<p>Date of Receipt M M / D D / Y Y Y Y Y 08 / 01 / 2014 Transaction ID : SA11AI.12221</p> <p>Amount of Each Receipt this Period 41.67</p> <p>Payroll Deduction \$41.67 monthly</p>
<p>SUBTOTAL of Receipts This Page (optional)..... ▶</p>		<p>183.34</p>
<p>TOTAL This Period (last page this line number only)..... ▶</p>		

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NAME OF COMMITTEE (In Full)

CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC

Full Name (Last, First, Middle Initial)

A. Michelle Fortune

Mailing Address 105 Willow-Ridge Drive

City State Zip Code
Morganton NC 28655

FEC ID number of contributing
federal political committee.

C

Name of Employer
CarolinasHealthCareSystem

Occupation
ADMIN

Receipt For: 2014

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.03

Date of Receipt

08 / 29 / 2014

Transaction ID : SA11AI.12359

Amount of Each Receipt this Period

41.67

Payroll Deduction \$41.67 monthly

Full Name (Last, First, Middle Initial)

B. Mr. Paul S Franz

Mailing Address 1320 Fillmore Avenue #505

City State Zip Code
Charlotte NC 28203

FEC ID number of contributing
federal political committee.

C

Name of Employer
CarolinasHealthCareSystem

Occupation
ADMIN

Receipt For: 2014

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2916.69

Date of Receipt

07 / 01 / 2014

Transaction ID : SA11AI.12154

Amount of Each Receipt this Period

416.67

Payroll Deduction \$416.67 monthly

Full Name (Last, First, Middle Initial)

C. Mr. Paul S Franz

Mailing Address 1320 Fillmore Avenue #505

City State Zip Code
Charlotte NC 28203

FEC ID number of contributing
federal political committee.

C

Name of Employer
CarolinasHealthCareSystem

Occupation
ADMIN

Receipt For: 2014

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3333.36

Date of Receipt

08 / 01 / 2014

Transaction ID : SA11AI.12226

Amount of Each Receipt this Period

416.67

Payroll Deduction \$416.67 monthly

SUBTOTAL of Receipts This Page (optional)..... ►

875.01

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC

Full Name (Last, First, Middle Initial)

A. Mr. Paul S Franz

Mailing Address 1320 Fillmore Avenue #505

City State Zip Code
Charlotte NC 28203

FEC ID number of contributing
federal political committee.

C

Name of Employer
CarolinasHealthCareSystem

Occupation
ADMIN

Receipt For: 2014

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3750.03

Date of Receipt

08 / 29 / 2014

Transaction ID : SA11AI.12364

Amount of Each Receipt this Period

416.67

Payroll Deduction \$416.67 monthly

Full Name (Last, First, Middle Initial)

B. Mr. Greg A Gombar

Mailing Address 4625 Cotton Creek Drive

City State Zip Code
Charlotte NC 28226

FEC ID number of contributing
federal political committee.

C

Name of Employer
Carolinas HealthCare System

Occupation
ADMIN

Receipt For: 2014

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2916.69

Date of Receipt

07 / 01 / 2014

Transaction ID : SA11AI.12188

Amount of Each Receipt this Period

416.67

Payroll Deduction \$416.67 monthly

Full Name (Last, First, Middle Initial)

c. Mr. Greg A Gombar

Mailing Address 4625 Cotton Creek Drive

City State Zip Code
Charlotte NC 28226

FEC ID number of contributing
federal political committee.

C

Name of Employer
Carolinas HealthCare System

Occupation
ADMIN

Receipt For: 2014

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3333.36

Date of Receipt

08 / 01 / 2014

Transaction ID : SA11AI.12260

Amount of Each Receipt this Period

416.67

Payroll Deduction \$416.67 monthly

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1250.01

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC

Full Name (Last, First, Middle Initial)

A. Mr. Greg A Gombar

Mailing Address 4625 Cotton Creek Drive

City State Zip Code
Charlotte NC 28226

FEC ID number of contributing
federal political committee.

C

Name of Employer

Carolinas HealthCare System

Occupation

ADMIN

Receipt For: 2014

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3750.03

Date of Receipt

08 / 29 / 2014

Transaction ID : SA11AI.12398

Amount of Each Receipt this Period

416.67

Payroll Deduction \$416.67 monthly

Full Name (Last, First, Middle Initial)

B. Mr. Clark E Goodwin

Mailing Address 6028 Alexa Road

City State Zip Code
Charlotte NC 28277

FEC ID number of contributing
federal political committee.

C

Name of Employer

CarolinasHealthCareSystem

Occupation

ADMIN

Receipt For: 2014

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

08 / 29 / 2014

Transaction ID : SA11AI.12405

Amount of Each Receipt this Period

25.00

Payroll Deduction \$25 monthly

Full Name (Last, First, Middle Initial)

c. Dr. Mary N Hall

Mailing Address 1040 Queens Road

City State Zip Code
Charlotte NC 28207

FEC ID number of contributing
federal political committee.

C

Name of Employer

CarolinasHealthCareSystem

Occupation

ADMIN

Receipt For: 2014

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

583.38

Date of Receipt

07 / 01 / 2014

Transaction ID : SA11AI.12148

Amount of Each Receipt this Period

83.34

Payroll Deduction \$83.34 monthly

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

525.01

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC

<p>Full Name (Last, First, Middle Initial) A. Dr. Mary N Hall</p> <p>Mailing Address 1040 Queens Road</p> <p>City State Zip Code Charlotte NC 28207</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation CarolinasHealthCareSystem ADMIN</p> <p>Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 666.72</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 08 / 01 / 2014 Transaction ID : SA11AI.12220</p> <p>Amount of Each Receipt this Period 83.34</p> <p>Payroll Deduction \$83.34 monthly</p>		
<p>Full Name (Last, First, Middle Initial) B. Dr. Mary N Hall</p> <p>Mailing Address 1040 Queens Road</p> <p>City State Zip Code Charlotte NC 28207</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation CarolinasHealthCareSystem ADMIN</p> <p>Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 750.06</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 08 / 29 / 2014 Transaction ID : SA11AI.12358</p> <p>Amount of Each Receipt this Period 83.34</p> <p>Payroll Deduction \$83.34 monthly</p>		
<p>Full Name (Last, First, Middle Initial) C. Sara J Herron</p> <p>Mailing Address 9422 Briarwick Lane</p> <p>City State Zip Code Charlotte NC 28277-1673</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Carolinas HealthCare System ADMIN</p> <p>Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 875.00</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 07 / 01 / 2014 Transaction ID : SA11AI.12209</p> <p>Amount of Each Receipt this Period 125.00</p> <p>Payroll Deduction \$125 monthly</p>		
<p>SUBTOTAL of Receipts This Page (optional)..... ▶</p>			<p>291.68</p>		
<p>TOTAL This Period (last page this line number only)..... ▶</p>			<p></p>		

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC

Full Name (Last, First, Middle Initial)

A. Sara J Herron

Mailing Address 9422 Briarwick Lane

City

Charlotte

State

NC

Zip Code

28277-1673

FEC ID number of contributing
federal political committee.

C

Name of Employer

Carolinas HealthCare System

Occupation

ADMIN

Receipt For: 2014

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

08 / 01 / 2014

Transaction ID : SA11AI.12281

Amount of Each Receipt this Period

125.00

Payroll Deduction \$125 monthly

Full Name (Last, First, Middle Initial)

B. Sara J Herron

Mailing Address 9422 Briarwick Lane

City

Charlotte

State

NC

Zip Code

28277-1673

FEC ID number of contributing
federal political committee.

C

Name of Employer

Carolinas HealthCare System

Occupation

ADMIN

Receipt For: 2014

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1125.00

Date of Receipt

08 / 29 / 2014

Transaction ID : SA11AI.12419

Amount of Each Receipt this Period

125.00

Payroll Deduction \$125 monthly

Full Name (Last, First, Middle Initial)

C. Laurence C Hinsdale

Mailing Address 7117 Stirewalt Road

City

Concord

State

NC

Zip Code

28027

FEC ID number of contributing
federal political committee.

C

Name of Employer

Carolinas HealthCare System

Occupation

ADMIN

Receipt For: 2014

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1750.00

Date of Receipt

07 / 01 / 2014

Transaction ID : SA11AI.12204

Amount of Each Receipt this Period

250.00

Payroll Deduction \$250 monthly

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

500.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC

Full Name (Last, First, Middle Initial)

A. Laurence C Hinsdale

Mailing Address 7117 Stirewalt Road

City State Zip Code
 Concord NC 28027

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Carolinas HealthCare System

Occupation
 ADMIN

Receipt For: 2014

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

08 / 01 / 2014

Transaction ID : SA11AI.12276

Amount of Each Receipt this Period

250.00

Payroll Deduction \$250 monthly

Full Name (Last, First, Middle Initial)

B. Laurence C Hinsdale

Mailing Address 7117 Stirewalt Road

City State Zip Code
 Concord NC 28027

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Carolinas HealthCare System

Occupation
 ADMIN

Receipt For: 2014

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2250.00

Date of Receipt

08 / 29 / 2014

Transaction ID : SA11AI.12414

Amount of Each Receipt this Period

250.00

Payroll Deduction \$250 monthly

Full Name (Last, First, Middle Initial)

C. Mr. Christopher R Hummer

Mailing Address 215 Hillside Avenue

City State Zip Code
 Charlotte NC 28209

FEC ID number of contributing
federal political committee.

C

Name of Employer
 CarolinasHealthCareSystem

Occupation
 ADMIN

Receipt For: 2014

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

875.00

Date of Receipt

07 / 01 / 2014

Transaction ID : SA11AI.12171

Amount of Each Receipt this Period

125.00

Payroll Deduction \$125 monthly

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

625.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC

<p>Full Name (Last, First, Middle Initial) A. Mr. Christopher R Hummer</p> <p>Mailing Address 215 Hillside Avenue</p> <p>City State Zip Code Charlotte NC 28209</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation CarolinasHealthCareSystem ADMIN</p> <p>Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 1000.00</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 08 / 01 / 2014</p> <p>Transaction ID : SA11AI.12243</p> <p>Amount of Each Receipt this Period 125.00</p> <p>Payroll Deduction \$125 monthly</p>	
<p>Full Name (Last, First, Middle Initial) B. Mr. Christopher R Hummer</p> <p>Mailing Address 215 Hillside Avenue</p> <p>City State Zip Code Charlotte NC 28209</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation CarolinasHealthCareSystem ADMIN</p> <p>Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 1125.00</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 08 / 29 / 2014</p> <p>Transaction ID : SA11AI.12381</p> <p>Amount of Each Receipt this Period 125.00</p> <p>Payroll Deduction \$125 monthly</p>	
<p>Full Name (Last, First, Middle Initial) c. James C Hunter</p> <p>Mailing Address 2701 Rothwood Drive</p> <p>City State Zip Code Charlotte NC 28211</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation CarolinasHealthCareSystem ADMIN</p> <p>Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 1000.02</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 07 / 01 / 2014</p> <p>Transaction ID : SA11AI.12176</p> <p>Amount of Each Receipt this Period 166.67</p> <p>Payroll Deduction \$166.67 monthly</p>	
<p>SUBTOTAL of Receipts This Page (optional)..... ▶</p>			<p>416.67</p>	
<p>TOTAL This Period (last page this line number only)..... ▶</p>				

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NAME OF COMMITTEE (In Full)

CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC

Full Name (Last, First, Middle Initial)

A. James C Hunter

Mailing Address 2701 Rothwood Drive

City State Zip Code
Charlotte NC 28211

FEC ID number of contributing
federal political committee.

C

Name of Employer
CarolinasHealthCareSystem

Occupation
ADMIN

Receipt For: 2014

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1166.69

Date of Receipt

08 / 01 / 2014

Transaction ID : SA11AI.12248

Amount of Each Receipt this Period

166.67

Payroll Deduction \$166.67 monthly

Full Name (Last, First, Middle Initial)

B. James C Hunter

Mailing Address 2701 Rothwood Drive

City State Zip Code
Charlotte NC 28211

FEC ID number of contributing
federal political committee.

C

Name of Employer
CarolinasHealthCareSystem

Occupation
ADMIN

Receipt For: 2014

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1333.36

Date of Receipt

08 / 29 / 2014

Transaction ID : SA11AI.12386

Amount of Each Receipt this Period

166.67

Payroll Deduction \$166.67 monthly

Full Name (Last, First, Middle Initial)

c. Mr. W. Christopher Johnson

Mailing Address 445 Forest Hill Circle

City State Zip Code
Rutherfordton NC 28139

FEC ID number of contributing
federal political committee.

C

Name of Employer
CarolinasHealthCareSystem

Occupation
ADMIN

Receipt For: 2014

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

291.69

Date of Receipt

07 / 01 / 2014

Transaction ID : SA11AI.12187

Amount of Each Receipt this Period

41.67

Payroll Deduction \$41.67 monthly

SUBTOTAL of Receipts This Page (optional)..... ►

375.01

TOTAL This Period (last page this line number only)..... ►

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC

Full Name (Last, First, Middle Initial)

A. Mr. W. Christopher Johnson

Mailing Address 445 Forest Hill Circle

City State Zip Code
 Rutherfordton NC 28139

FEC ID number of contributing
federal political committee.

C

Name of Employer
 CarolinasHealthCareSystem

Occupation
 ADMIN

Receipt For: 2014

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.36

Date of Receipt

08 / 01 / 2014

Transaction ID : SA11AI.12259

Amount of Each Receipt this Period

41.67

Payroll Deduction \$41.67 monthly

Full Name (Last, First, Middle Initial)

B. Mr. W. Christopher Johnson

Mailing Address 445 Forest Hill Circle

City State Zip Code
 Rutherfordton NC 28139

FEC ID number of contributing
federal political committee.

C

Name of Employer
 CarolinasHealthCareSystem

Occupation
 ADMIN

Receipt For: 2014

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.03

Date of Receipt

08 / 29 / 2014

Transaction ID : SA11AI.12397

Amount of Each Receipt this Period

41.67

Payroll Deduction \$41.67 monthly

Full Name (Last, First, Middle Initial)

C. Mr. Robert M Keener

Mailing Address 625 Club Drive

City State Zip Code
 Stanley NC 28164

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Carolinas HealthCare System

Occupation
 ADMIN

Receipt For: 2014

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

08 / 29 / 2014

Transaction ID : SA11AI.12406

Amount of Each Receipt this Period

25.00

Payroll Deduction \$25 monthly

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

108.34

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC

Full Name (Last, First, Middle Initial)

A. Mr. John J Knox

Mailing Address 6530 Boykin Spaniel Road

City State Zip Code
Charlotte NC 28277

FEC ID number of contributing
federal political committee.

C

Name of Employer
CarolinasHealthCareSystem

Occupation
ADMIN

Receipt For: 2014

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

291.69

Date of Receipt

MM / DD / YYYY
07 / 01 / 2014

Transaction ID : SA11AI.12197

Amount of Each Receipt this Period

41.67

Payroll Deduction \$41.67 monthly

Full Name (Last, First, Middle Initial)

B. Mr. John J Knox

Mailing Address 6530 Boykin Spaniel Road

City State Zip Code
Charlotte NC 28277

FEC ID number of contributing
federal political committee.

C

Name of Employer
CarolinasHealthCareSystem

Occupation
ADMIN

Receipt For: 2014

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

333.36

Date of Receipt

MM / DD / YYYY
08 / 01 / 2014

Transaction ID : SA11AI.12269

Amount of Each Receipt this Period

41.67

Payroll Deduction \$41.67 monthly

Full Name (Last, First, Middle Initial)

C. Mr. John J Knox

Mailing Address 6530 Boykin Spaniel Road

City State Zip Code
Charlotte NC 28277

FEC ID number of contributing
federal political committee.

C

Name of Employer
CarolinasHealthCareSystem

Occupation
ADMIN

Receipt For: 2014

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

375.03

Date of Receipt

MM / DD / YYYY
08 / 29 / 2014

Transaction ID : SA11AI.12407

Amount of Each Receipt this Period

41.67

Payroll Deduction \$41.67 monthly

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

125.01

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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(check only one)

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NAME OF COMMITTEE (In Full)

CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC

Full Name (Last, First, Middle Initial)

A. Thomas F Laymon

Mailing Address 2004 Garden View Lane

City State Zip Code
 Weddington NC 28104

FEC ID number of contributing
federal political committee.

C

Name of Employer

Carolinas HealthCare System

Occupation

ADMIN

Receipt For: 2014

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

700.00

Date of Receipt

07 / 01 / 2014

Transaction ID : SA11AI.12166

Amount of Each Receipt this Period

100.00

Payroll Deduction \$100 monthly

Full Name (Last, First, Middle Initial)

B. Thomas F Laymon

Mailing Address 2004 Garden View Lane

City State Zip Code
 Weddington NC 28104

FEC ID number of contributing
federal political committee.

C

Name of Employer

Carolinas HealthCare System

Occupation

ADMIN

Receipt For: 2014

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

800.00

Date of Receipt

08 / 01 / 2014

Transaction ID : SA11AI.12238

Amount of Each Receipt this Period

100.00

Payroll Deduction \$100 monthly

Full Name (Last, First, Middle Initial)

C. Thomas F Laymon

Mailing Address 2004 Garden View Lane

City State Zip Code
 Weddington NC 28104

FEC ID number of contributing
federal political committee.

C

Name of Employer

Carolinas HealthCare System

Occupation

ADMIN

Receipt For: 2014

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

900.00

Date of Receipt

08 / 29 / 2014

Transaction ID : SA11AI.12376

Amount of Each Receipt this Period

100.00

Payroll Deduction \$100 monthly

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

300.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 26 OF 74

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☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC

Full Name (Last, First, Middle Initial)

A. Mr. Frank S Letherby

Mailing Address 9438 White Hemlock Lane

City State Zip Code
Charlotte NC 28270

FEC ID number of contributing
federal political committee.

C

Name of Employer

Carolinas HealthCare System

Occupation

ADMIN

Receipt For: 2014

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

420.00

Date of Receipt

07 / 01 / 2014

Transaction ID : SA11AI.12210

Amount of Each Receipt this Period

60.00

Payroll Deduction \$60 monthly

Full Name (Last, First, Middle Initial)

B. Mr. Frank S Letherby

Mailing Address 9438 White Hemlock Lane

City State Zip Code
Charlotte NC 28270

FEC ID number of contributing
federal political committee.

C

Name of Employer

Carolinas HealthCare System

Occupation

ADMIN

Receipt For: 2014

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

480.00

Date of Receipt

08 / 01 / 2014

Transaction ID : SA11AI.12282

Amount of Each Receipt this Period

60.00

Payroll Deduction \$60 monthly

Full Name (Last, First, Middle Initial)

C. Mr. Frank S Letherby

Mailing Address 9438 White Hemlock Lane

City State Zip Code
Charlotte NC 28270

FEC ID number of contributing
federal political committee.

C

Name of Employer

Carolinas HealthCare System

Occupation

ADMIN

Receipt For: 2014

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

540.00

Date of Receipt

08 / 29 / 2014

Transaction ID : SA11AI.12420

Amount of Each Receipt this Period

60.00

Payroll Deduction \$60 monthly

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

180.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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NAME OF COMMITTEE (In Full)

CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC

Full Name (Last, First, Middle Initial)

A. Mr. W. Spencer Lilly

Mailing Address 9306 Copans Glen Lane

City State Zip Code
 Huntersville NC 28078

FEC ID number of contributing
federal political committee.

C

Name of Employer

Carolinas HealthCare System

Occupation

ADMIN

Receipt For: 2014

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1166.69

Date of Receipt

07 / 01 / 2014

Transaction ID : SA11AI.12208

Amount of Each Receipt this Period

166.67

Payroll Deduction \$166.67 monthly

Full Name (Last, First, Middle Initial)

B. Mr. W. Spencer Lilly

Mailing Address 9306 Copans Glen Lane

City State Zip Code
 Huntersville NC 28078

FEC ID number of contributing
federal political committee.

C

Name of Employer

Carolinas HealthCare System

Occupation

ADMIN

Receipt For: 2014

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1333.36

Date of Receipt

08 / 01 / 2014

Transaction ID : SA11AI.12280

Amount of Each Receipt this Period

166.67

Payroll Deduction \$166.67 monthly

Full Name (Last, First, Middle Initial)

C. Mr. W. Spencer Lilly

Mailing Address 9306 Copans Glen Lane

City State Zip Code
 Huntersville NC 28078

FEC ID number of contributing
federal political committee.

C

Name of Employer

Carolinas HealthCare System

Occupation

ADMIN

Receipt For: 2014

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.03

Date of Receipt

08 / 29 / 2014

Transaction ID : SA11AI.12418

Amount of Each Receipt this Period

166.67

Payroll Deduction \$166.67 monthly

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

500.01

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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(check only one)

<input checked="" type="checkbox"/> 11a	<input type="checkbox"/> 11b	<input type="checkbox"/> 11c	<input type="checkbox"/> 12	<input type="checkbox"/> 13	<input type="checkbox"/> 14	<input type="checkbox"/> 15	<input type="checkbox"/> 16	<input type="checkbox"/> 17
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NAME OF COMMITTEE (In Full)

CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC

Full Name (Last, First, Middle Initial)

A. Frieda M Lowder

Mailing Address PO Box 5685

City	State	Zip Code
Concord	NC	28027

FEC ID number of contributing federal political committee.

C

Name of Employer

CarolinasHealthCareSystem

Occupation

ADMIN

Receipt For: 2014

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

583.38

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
07	/	01	/	2014

Transaction ID : SA11AI.12215

Amount of Each Receipt this Period

83.34

Payroll Deduction \$83.34 monthly

Full Name (Last, First, Middle Initial)

B. Frieda M Lowder

Mailing Address PO Box 5685

City	State	Zip Code
Concord	NC	28027

FEC ID number of contributing federal political committee.

C

Name of Employer

CarolinasHealthCareSystem

Occupation

ADMIN

Receipt For: 2014

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

666.72

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	01	/	2014

Transaction ID : SA11AI.12287

Amount of Each Receipt this Period

83.34

Payroll Deduction \$83.34 monthly

Full Name (Last, First, Middle Initial)

C. Frieda M Lowder

Mailing Address PO Box 5685

City	State	Zip Code
Concord	NC	28027

FEC ID number of contributing federal political committee.

C

Name of Employer

CarolinasHealthCareSystem

Occupation

ADMIN

Receipt For: 2014

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.06

Date of Receipt

M M M	/	D D D	/	Y Y Y Y Y Y
08	/	29	/	2014

Transaction ID : SA11AI.12425

Amount of Each Receipt this Period

83.34

Payroll Deduction \$83.34 monthly

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

250.02

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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FOR LINE NUMBER: PAGE 29 OF 74
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC

Full Name (Last, First, Middle Initial)

A. Michael J Lutes

Mailing Address 4025 Camrose Crossing

City State Zip Code
 Matthews NC 28104

FEC ID number of contributing
federal political committee.

C

Name of Employer
 CarolinasHealthCareSystem

Occupation
 ADMIN

Receipt For: 2014

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

583.38

Date of Receipt

07 / 01 / 2014

Transaction ID : SA11AI.12183

Amount of Each Receipt this Period

83.34

Payroll Deduction \$83.34 monthly

Full Name (Last, First, Middle Initial)

B. Michael J Lutes

Mailing Address 4025 Camrose Crossing

City State Zip Code
 Matthews NC 28104

FEC ID number of contributing
federal political committee.

C

Name of Employer
 CarolinasHealthCareSystem

Occupation
 ADMIN

Receipt For: 2014

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

666.72

Date of Receipt

08 / 01 / 2014

Transaction ID : SA11AI.12255

Amount of Each Receipt this Period

83.34

Payroll Deduction \$83.34 monthly

Full Name (Last, First, Middle Initial)

C. Michael J Lutes

Mailing Address 4025 Camrose Crossing

City State Zip Code
 Matthews NC 28104

FEC ID number of contributing
federal political committee.

C

Name of Employer
 CarolinasHealthCareSystem

Occupation
 ADMIN

Receipt For: 2014

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

750.06

Date of Receipt

08 / 29 / 2014

Transaction ID : SA11AI.12393

Amount of Each Receipt this Period

83.34

Payroll Deduction \$83.34 monthly

SUBTOTAL of Receipts This Page (optional)..... ▶

TOTAL This Period (last page this line number only)..... ▶

250.02

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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Detailed Summary Page

FOR LINE NUMBER:
(check only one)

PAGE 30 OF 74

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC

Full Name (Last, First, Middle Initial)

A. Steven Boyd Martin

Mailing Address 1904 DeArmon Drive

City State Zip Code
 Charlotte NC 28205

FEC ID number of contributing
federal political committee.

C

Name of Employer
 CarolinasHealthCareSystem

Occupation
 ADMIN

Receipt For: 2014

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

08 / 29 / 2014

Transaction ID : SA11AI.12375

Amount of Each Receipt this Period

25.00

Payroll Deduction \$25 monthly

Full Name (Last, First, Middle Initial)

B. Mr. James C Olsen

Mailing Address 5900 Summerston Place

City State Zip Code
 Charlotte NC 28277

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Carolinas HealthCare System

Occupation
 ADMIN

Receipt For: 2014

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1458.38

Date of Receipt

07 / 01 / 2014

Transaction ID : SA11AI.12193

Amount of Each Receipt this Period

208.34

Payroll Deduction \$208.34 monthly

Full Name (Last, First, Middle Initial)

C. Mr. James C Olsen

Mailing Address 5900 Summerston Place

City State Zip Code
 Charlotte NC 28277

FEC ID number of contributing
federal political committee.

C

Name of Employer
 Carolinas HealthCare System

Occupation
 ADMIN

Receipt For: 2014

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1666.72

Date of Receipt

08 / 01 / 2014

Transaction ID : SA11AI.12265

Amount of Each Receipt this Period

208.34

Payroll Deduction \$208.34 monthly

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

441.68

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC

Full Name (Last, First, Middle Initial)

A. Mr. James C Olsen

Mailing Address 5900 Summerston Place

City State Zip Code
Charlotte NC 28277

FEC ID number of contributing
federal political committee.

C

Name of Employer

Carolinas HealthCare System

Occupation

ADMIN

Receipt For: 2014

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1875.06

Date of Receipt

08 / 29 / 2014

Transaction ID : SA11AI.12403

Amount of Each Receipt this Period

208.34

Payroll Deduction \$208.34 monthly

Full Name (Last, First, Middle Initial)

B. Mr. Joseph G Piemont

Mailing Address 2028 Hopedale Avenue

City State Zip Code
Charlotte NC 28207

FEC ID number of contributing
federal political committee.

C

Name of Employer

Carolinas HealthCare System

Occupation

ADMIN

Receipt For: 2014

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2800.00

Date of Receipt

07 / 01 / 2014

Transaction ID : SA11AI.12168

Amount of Each Receipt this Period

400.00

Payroll Deduction \$400 monthly

Full Name (Last, First, Middle Initial)

C. Mr. Joseph G Piemont

Mailing Address 2028 Hopedale Avenue

City State Zip Code
Charlotte NC 28207

FEC ID number of contributing
federal political committee.

C

Name of Employer

Carolinas HealthCare System

Occupation

ADMIN

Receipt For: 2014

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3200.00

Date of Receipt

08 / 01 / 2014

Transaction ID : SA11AI.12240

Amount of Each Receipt this Period

400.00

Payroll Deduction \$400 monthly

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1008.34

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC

Full Name (Last, First, Middle Initial)

A. Mr. Joseph G Piemont

Mailing Address 2028 Hopedale Avenue

City State Zip Code
Charlotte NC 28207

FEC ID number of contributing
federal political committee.

C

Name of Employer

Carolinas HealthCare System

Occupation

ADMIN

Receipt For: 2014

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

3600.00

Date of Receipt

08 / 29 / 2014

Transaction ID : SA11AI.12378

Amount of Each Receipt this Period

400.00

Payroll Deduction \$400 monthly

Full Name (Last, First, Middle Initial)

B. Debra Plousha Moore

Mailing Address 6935 Conservatory Lane

City State Zip Code
Charlotte NC 28210

FEC ID number of contributing
federal political committee.

C

Name of Employer

Carolinas HealthCare System

Occupation

ADMIN

Receipt For: 2014

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1166.69

Date of Receipt

07 / 01 / 2014

Transaction ID : SA11AI.12199

Amount of Each Receipt this Period

166.67

Payroll Deduction \$166.67 monthly

Full Name (Last, First, Middle Initial)

C. Debra Plousha Moore

Mailing Address 6935 Conservatory Lane

City State Zip Code
Charlotte NC 28210

FEC ID number of contributing
federal political committee.

C

Name of Employer

Carolinas HealthCare System

Occupation

ADMIN

Receipt For: 2014

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1333.36

Date of Receipt

08 / 01 / 2014

Transaction ID : SA11AI.12271

Amount of Each Receipt this Period

166.67

Payroll Deduction \$166.67 monthly

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

733.34

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
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(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
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NAME OF COMMITTEE (In Full)

CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC

Full Name (Last, First, Middle Initial)

A. Debra Plousha Moore

Mailing Address 6935 Conservatory Lane

City State Zip Code
Charlotte NC 28210

FEC ID number of contributing
federal political committee.

C

Name of Employer

Carolinas HealthCare System

Occupation

ADMIN

Receipt For: 2014

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.03

Date of Receipt

08 / 29 / 2014

Transaction ID : SA11AI.12409

Amount of Each Receipt this Period

166.67

Payroll Deduction \$166.67 monthly

Full Name (Last, First, Middle Initial)

B. Mr. Roger A Ray

Mailing Address 11029 Lederer Ave

City State Zip Code
Charlotte NC 28277

FEC ID number of contributing
federal political committee.

C

Name of Employer

CarolinasHealthCareSystem

Occupation

ADMIN

Receipt For: 2014

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1750.00

Date of Receipt

07 / 01 / 2014

Transaction ID : SA11AI.12150

Amount of Each Receipt this Period

250.00

Payroll Deduction \$250 monthly

Full Name (Last, First, Middle Initial)

c. Mr. Roger A Ray

Mailing Address 11029 Lederer Ave

City State Zip Code
Charlotte NC 28277

FEC ID number of contributing
federal political committee.

C

Name of Employer

CarolinasHealthCareSystem

Occupation

ADMIN

Receipt For: 2014

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

08 / 01 / 2014

Transaction ID : SA11AI.12222

Amount of Each Receipt this Period

250.00

Payroll Deduction \$250 monthly

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

666.67

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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Detailed Summary Page

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NAME OF COMMITTEE (In Full)

CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC

Full Name (Last, First, Middle Initial)

A. Mr. Roger A Ray

Mailing Address 11029 Lederer Ave

City State Zip Code
Charlotte NC 28277

FEC ID number of contributing
federal political committee.

C

Name of Employer
CarolinasHealthCareSystem

Occupation
ADMIN

Receipt For: 2014

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2250.00

Date of Receipt

08 / 29 / 2014

Transaction ID : SA11AI.12360

Amount of Each Receipt this Period

250.00

Payroll Deduction \$250 monthly

Full Name (Last, First, Middle Initial)

B. Mr. Craig D. Richardville

Mailing Address 17235 Glassfield Drive

City State Zip Code
Huntersville NC 28078

FEC ID number of contributing
federal political committee.

C

Name of Employer
Carolinas HealthCare System

Occupation
ADMIN

Receipt For: 2014

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

08 / 29 / 2014

Transaction ID : SA11AI.12373

Amount of Each Receipt this Period

25.00

Payroll Deduction \$25 monthly

Full Name (Last, First, Middle Initial)

C. John Michael Santopietro

Mailing Address 320 Charndon Village Ct

City State Zip Code
Charlotte NC 28211

FEC ID number of contributing
federal political committee.

C

Name of Employer
CarolinasHealthCareSystem

Occupation
ADMIN

Receipt For: 2014

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

291.69

Date of Receipt

07 / 01 / 2014

Transaction ID : SA11AI.12178

Amount of Each Receipt this Period

41.67

Payroll Deduction \$41.67 monthly

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

316.67

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC

<p>Full Name (Last, First, Middle Initial) A. John Michael Santopietro</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 08 / 01 / 2014 Transaction ID : SA11AI.12250</p>		
<p>Mailing Address 320 Charndon Village Ct</p>			<p>Amount of Each Receipt this Period 41.67</p>		
<p>City State Zip Code Charlotte NC 28211</p>	<p>FEC ID number of contributing federal political committee. C</p>		<p>Payroll Deduction \$41.67 monthly</p>		
<p>Name of Employer Occupation CarolinasHealthCareSystem ADMIN</p>	<p>Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Aggregate Year-to-Date ▼ 333.36</p>		
<p>Full Name (Last, First, Middle Initial) B. John Michael Santopietro</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 08 / 29 / 2014 Transaction ID : SA11AI.12388</p>		
<p>Mailing Address 320 Charndon Village Ct</p>			<p>Amount of Each Receipt this Period 41.67</p>		
<p>City State Zip Code Charlotte NC 28211</p>	<p>FEC ID number of contributing federal political committee. C</p>		<p>Payroll Deduction \$41.67 monthly</p>		
<p>Name of Employer Occupation CarolinasHealthCareSystem ADMIN</p>	<p>Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Aggregate Year-to-Date ▼ 375.03</p>		
<p>Full Name (Last, First, Middle Initial) C. Carnetha M Simmons</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 08 / 29 / 2014 Transaction ID : SA11AI.12382</p>		
<p>Mailing Address 2225 Hawkins Street #235</p>			<p>Amount of Each Receipt this Period 25.00</p>		
<p>City State Zip Code Charlotte NC 28203</p>	<p>FEC ID number of contributing federal political committee. C</p>		<p>Payroll Deduction \$25 monthly</p>		
<p>Name of Employer Occupation CarolinasHealthCareSystem PHYS</p>	<p>Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p>		<p>Aggregate Year-to-Date ▼ 225.00</p>		
<p>SUBTOTAL of Receipts This Page (optional)..... ▶</p>			<p>108.34</p>		
<p>TOTAL This Period (last page this line number only)..... ▶</p>					

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC

Full Name (Last, First, Middle Initial)

A. Mr. Ronald M Smidt

Mailing Address P O Box 901

City State Zip Code
 Troutman NC 28166

FEC ID number of contributing
federal political committee.

C

Name of Employer

Carolinas HealthCare System

Occupation

ADMIN

Receipt For: 2014

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

210.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 07 / 01 / 2014

Transaction ID : SA11AI.12214

Amount of Each Receipt this Period

30.00

Payroll Deduction \$30 monthly

Full Name (Last, First, Middle Initial)

B. Mr. Ronald M Smidt

Mailing Address P O Box 901

City State Zip Code
 Troutman NC 28166

FEC ID number of contributing
federal political committee.

C

Name of Employer

Carolinas HealthCare System

Occupation

ADMIN

Receipt For: 2014

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

240.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 08 / 01 / 2014

Transaction ID : SA11AI.12286

Amount of Each Receipt this Period

30.00

Payroll Deduction \$30 monthly

Full Name (Last, First, Middle Initial)

C. Mr. Ronald M Smidt

Mailing Address P O Box 901

City State Zip Code
 Troutman NC 28166

FEC ID number of contributing
federal political committee.

C

Name of Employer

Carolinas HealthCare System

Occupation

ADMIN

Receipt For: 2014

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

270.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 08 / 29 / 2014

Transaction ID : SA11AI.12424

Amount of Each Receipt this Period

30.00

Payroll Deduction \$30 monthly

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

90.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC

<p>Full Name (Last, First, Middle Initial) A. James Michael Stevenson</p> <p>Mailing Address 1711 Mission Road</p> <p>City State Zip Code Murphy NC 28906</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation CarolinasHealthCareSystem ADMIN</p> <p>Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 583.38</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 07 / 01 / 2014</p> <p>Transaction ID : SA11AI.12162</p> <p>Amount of Each Receipt this Period 83.34</p> <p>Payroll Deduction \$83.34 monthly</p>		
<p>Full Name (Last, First, Middle Initial) B. James Michael Stevenson</p> <p>Mailing Address 1711 Mission Road</p> <p>City State Zip Code Murphy NC 28906</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation CarolinasHealthCareSystem ADMIN</p> <p>Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 666.72</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 08 / 01 / 2014</p> <p>Transaction ID : SA11AI.12234</p> <p>Amount of Each Receipt this Period 83.34</p> <p>Payroll Deduction \$83.34 monthly</p>		
<p>Full Name (Last, First, Middle Initial) C. James Michael Stevenson</p> <p>Mailing Address 1711 Mission Road</p> <p>City State Zip Code Murphy NC 28906</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation CarolinasHealthCareSystem ADMIN</p> <p>Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 750.06</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 08 / 29 / 2014</p> <p>Transaction ID : SA11AI.12372</p> <p>Amount of Each Receipt this Period 83.34</p> <p>Payroll Deduction \$83.34 monthly</p>		
<p>SUBTOTAL of Receipts This Page (optional)..... ▶</p>			<p>250.02</p>		
<p>TOTAL This Period (last page this line number only)..... ▶</p>					

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NAME OF COMMITTEE (In Full)

CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC

Full Name (Last, First, Middle Initial)

A. Mr. Michael C Tarwater

Mailing Address 1414 Biltmore Drive

City

Charlotte

State

NC

Zip Code

28207

FEC ID number of contributing
federal political committee.

C

Name of Employer

CarolinasHealthCareSystem

Occupation

ADMIN

Receipt For: 2014

☐ Primary
☐ Other (specify) ▼

☒ General

Aggregate Year-to-Date ▼

2916.69

Date of Receipt

07 / 01 / 2014

Transaction ID : SA11AI.12156

Amount of Each Receipt this Period

416.67

Payroll Deduction \$416.67 monthly

Full Name (Last, First, Middle Initial)

B. Mr. Michael C Tarwater

Mailing Address 1414 Biltmore Drive

City

Charlotte

State

NC

Zip Code

28207

FEC ID number of contributing
federal political committee.

C

Name of Employer

CarolinasHealthCareSystem

Occupation

ADMIN

Receipt For: 2014

☐ Primary
☐ Other (specify) ▼

☒ General

Aggregate Year-to-Date ▼

3333.36

Date of Receipt

08 / 01 / 2014

Transaction ID : SA11AI.12228

Amount of Each Receipt this Period

416.67

Payroll Deduction \$416.67 monthly

Full Name (Last, First, Middle Initial)

C. Mr. Michael C Tarwater

Mailing Address 1414 Biltmore Drive

City

Charlotte

State

NC

Zip Code

28207

FEC ID number of contributing
federal political committee.

C

Name of Employer

CarolinasHealthCareSystem

Occupation

ADMIN

Receipt For: 2014

☐ Primary
☐ Other (specify) ▼

☒ General

Aggregate Year-to-Date ▼

3750.03

Date of Receipt

08 / 29 / 2014

Transaction ID : SA11AI.12366

Amount of Each Receipt this Period

416.67

Payroll Deduction \$416.67 monthly

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1250.01

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC

Full Name (Last, First, Middle Initial)

A. Alfred P Taylor

Mailing Address 125 Lakeland Circle

City

Mt. Gilead

State

NC

Zip Code

27306

FEC ID number of contributing
federal political committee.

C

Name of Employer

CarolinassHealthCareSystem

Occupation

ADMIN

Receipt For: 2014

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

225.00

Date of Receipt

08 / 29 / 2014

Transaction ID : SA11AI.12363

Amount of Each Receipt this Period

25.00

Payroll Deduction \$25 monthly

Full Name (Last, First, Middle Initial)

B. Dr. Chris M Teigland

Mailing Address 700 Hungerford Place

City

Charlotte

State

NC

Zip Code

28207

FEC ID number of contributing
federal political committee.

C

Name of Employer

CarolinassHealthCareSystem

Occupation

PHYS

Receipt For: 2014

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1400.00

Date of Receipt

07 / 01 / 2014

Transaction ID : SA11AI.12200

Amount of Each Receipt this Period

200.00

Payroll Deduction \$200 monthly

Full Name (Last, First, Middle Initial)

c. Dr. Chris M Teigland

Mailing Address 700 Hungerford Place

City

Charlotte

State

NC

Zip Code

28207

FEC ID number of contributing
federal political committee.

C

Name of Employer

CarolinassHealthCareSystem

Occupation

PHYS

Receipt For: 2014

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1600.00

Date of Receipt

08 / 01 / 2014

Transaction ID : SA11AI.12272

Amount of Each Receipt this Period

200.00

Payroll Deduction \$200 monthly

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

425.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC

<p>Full Name (Last, First, Middle Initial) A. Dr. Chris M Teigland</p> <p>Mailing Address 700 Hungerford Place</p> <p>City State Zip Code Charlotte NC 28207</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation CarolinasHealthCareSystem PHYS</p> <p>Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 1800.00</p>		<p>Date of Receipt M M / D D / Y Y Y Y Y 08 / 29 / 2014 Transaction ID : SA11AI.12410</p> <p>Amount of Each Receipt this Period 200.00</p> <p>Payroll Deduction \$200 monthly</p>
<p>Full Name (Last, First, Middle Initial) B. Mr. David Thomas</p> <p>Mailing Address 1609 Penderlea Lane</p> <p>City State Zip Code Matthews NC 28105</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Carolinas HealthCare System ADMIN</p> <p>Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 225.00</p>		<p>Date of Receipt M M / D D / Y Y Y Y Y 08 / 29 / 2014 Transaction ID : SA11AI.12369</p> <p>Amount of Each Receipt this Period 25.00</p> <p>Payroll Deduction \$25 monthly</p>
<p>Full Name (Last, First, Middle Initial) C. Joan Thomas</p> <p>Mailing Address 230 Summermore Drive</p> <p>City State Zip Code Charlotte NC 28270</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Occupation Carolinas HealthCare System Administrator</p> <p>Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 875.00</p>		<p>Date of Receipt M M / D D / Y Y Y Y Y 07 / 01 / 2014 Transaction ID : SA11AI.12173</p> <p>Amount of Each Receipt this Period 125.00</p> <p>Payroll Deduction \$125 monthly</p>
<p>SUBTOTAL of Receipts This Page (optional)..... ▶</p>		<p>350.00</p>
<p>TOTAL This Period (last page this line number only)..... ▶</p>		

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
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NAME OF COMMITTEE (In Full)

CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC

Full Name (Last, First, Middle Initial)

A. Joan Thomas

Mailing Address 230 Summermore Drive

City State Zip Code
Charlotte NC 28270

FEC ID number of contributing
federal political committee.

C

Name of Employer
Carolinas HealthCare System

Occupation
Administrator

Receipt For: 2014
☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

08 / 01 / 2014

Transaction ID : SA11AI.12245

Amount of Each Receipt this Period

125.00

Payroll Deduction \$125 monthly

Full Name (Last, First, Middle Initial)

B. Joan Thomas

Mailing Address 230 Summermore Drive

City State Zip Code
Charlotte NC 28270

FEC ID number of contributing
federal political committee.

C

Name of Employer
Carolinas HealthCare System

Occupation
Administrator

Receipt For: 2014
☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1125.00

Date of Receipt

08 / 29 / 2014

Transaction ID : SA11AI.12383

Amount of Each Receipt this Period

125.00

Payroll Deduction \$125 monthly

Full Name (Last, First, Middle Initial)

C. Ms. Martha J Whitecotton

Mailing Address 9526 Greyson Ridge Drive

City State Zip Code
Charlotte NC 28277

FEC ID number of contributing
federal political committee.

C

Name of Employer
Carolinas HealthCare System

Occupation
ADMIN

Receipt For: 2014
☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

875.00

Date of Receipt

07 / 01 / 2014

Transaction ID : SA11AI.12211

Amount of Each Receipt this Period

125.00

Payroll Deduction \$125 monthly

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

375.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

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NAME OF COMMITTEE (In Full)

CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC

Full Name (Last, First, Middle Initial)

A. Ms. Martha J Whitecotton

Mailing Address 9526 Greyson Ridge Drive

City State Zip Code
Charlotte NC 28277

FEC ID number of contributing
federal political committee.

C

Name of Employer

Carolinas HealthCare System

Occupation

ADMIN

Receipt For: 2014

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

08 / 01 / 2014

Transaction ID : SA11AI.12283

Amount of Each Receipt this Period

125.00

Payroll Deduction \$125 monthly

Full Name (Last, First, Middle Initial)

B. Ms. Martha J Whitecotton

Mailing Address 9526 Greyson Ridge Drive

City State Zip Code
Charlotte NC 28277

FEC ID number of contributing
federal political committee.

C

Name of Employer

Carolinas HealthCare System

Occupation

ADMIN

Receipt For: 2014

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1125.00

Date of Receipt

08 / 29 / 2014

Transaction ID : SA11AI.12421

Amount of Each Receipt this Period

125.00

Payroll Deduction \$125 monthly

Full Name (Last, First, Middle Initial)

C. Mary Ann Wilcox

Mailing Address 5314 Wingedfoot Road

City State Zip Code
Charlotte NC 28226

FEC ID number of contributing
federal political committee.

C

Name of Employer

CarolinasHealthCareSystem

Occupation

ADMIN

Receipt For: 2014

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

875.00

Date of Receipt

07 / 01 / 2014

Transaction ID : SA11AI.12191

Amount of Each Receipt this Period

125.00

Payroll Deduction \$125 monthly

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

375.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER:
(check only one)

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☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC

Full Name (Last, First, Middle Initial)

A. Mary Ann Wilcox

Mailing Address 5314 Wingedfoot Road

City State Zip Code
Charlotte NC 28226

FEC ID number of contributing
federal political committee.

C

Name of Employer
CarolinasHealthCareSystem

Occupation
ADMIN

Receipt For: 2014

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1000.00

Date of Receipt

08 / 01 / 2014

Transaction ID : SA11AI.12263

Amount of Each Receipt this Period

125.00

Payroll Deduction \$125 monthly

Full Name (Last, First, Middle Initial)

B. Mary Ann Wilcox

Mailing Address 5314 Wingedfoot Road

City State Zip Code
Charlotte NC 28226

FEC ID number of contributing
federal political committee.

C

Name of Employer
CarolinasHealthCareSystem

Occupation
ADMIN

Receipt For: 2014

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1125.00

Date of Receipt

08 / 29 / 2014

Transaction ID : SA11AI.12401

Amount of Each Receipt this Period

125.00

Payroll Deduction \$125 monthly

Full Name (Last, First, Middle Initial)

C. Ms. Phyllis Anne Wingate

Mailing Address 6005 Willowood Road

City State Zip Code
Kannapolis NC 28081

FEC ID number of contributing
federal political committee.

C

Name of Employer
CarolinasHealthCareSystem

Occupation
ADMIN

Receipt For: 2014

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

1500.00

Date of Receipt

07 / 01 / 2014

Transaction ID : SA11AI.12194

Amount of Each Receipt this Period

250.00

Payroll Deduction \$250 monthly

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

500.00

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 44 OF 74
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC

<p>Full Name (Last, First, Middle Initial) A. Ms. Phyllis Anne Wingate</p> <p>Mailing Address 6005 Willowood Road</p> <p>City Kannapolis State NC Zip Code 28081</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer CarolinasHealthCareSystem Occupation ADMIN</p> <p>Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 1750.00</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 08 / 01 / 2014 Transaction ID : SA11AI.12266</p> <p>Amount of Each Receipt this Period 250.00</p> <p>Payroll Deduction \$250 monthly</p>		
<p>Full Name (Last, First, Middle Initial) B. Ms. Phyllis Anne Wingate</p> <p>Mailing Address 6005 Willowood Road</p> <p>City Kannapolis State NC Zip Code 28081</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer CarolinasHealthCareSystem Occupation ADMIN</p> <p>Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 2000.00</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 08 / 29 / 2014 Transaction ID : SA11AI.12404</p> <p>Amount of Each Receipt this Period 250.00</p> <p>Payroll Deduction \$250 monthly</p>		
<p>Full Name (Last, First, Middle Initial) C. Zachary Zapack</p> <p>Mailing Address 1015 Charlotte Ave #351</p> <p>City Rock Hill State SC Zip Code 29732</p> <p>FEC ID number of contributing federal political committee. C</p> <p>Name of Employer Carolinas HealthCare System Occupation Administrator</p> <p>Receipt For: 2014 <input type="checkbox"/> Primary <input checked="" type="checkbox"/> General <input type="checkbox"/> Other (specify) ▼</p> <p>Aggregate Year-to-Date ▼ 1750.00</p>			<p>Date of Receipt M M / D D / Y Y Y Y Y 07 / 01 / 2014 Transaction ID : SA11AI.12146</p> <p>Amount of Each Receipt this Period 250.00</p> <p>Payroll Deduction \$250 monthly</p>		
<p>SUBTOTAL of Receipts This Page (optional)..... ▶</p>			750.00		
<p>TOTAL This Period (last page this line number only)..... ▶</p>					

SCHEDULE A (FEC Form 3X) **ITEMIZED RECEIPTS**

Use separate schedule(s)
for each category of the
Detailed Summary Page

FOR LINE NUMBER: PAGE 45 OF 74
(check only one)

☒ 11a ☐ 11b ☐ 11c ☐ 12
☐ 13 ☐ 14 ☐ 15 ☐ 16 ☐ 17

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NAME OF COMMITTEE (In Full)

CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC

Full Name (Last, First, Middle Initial)

A. Zachary Zapack

Mailing Address 1015 Charlotte Ave #351

City State Zip Code
 Rock Hill SC 29732

FEC ID number of contributing
federal political committee.

C

Name of Employer

Carolinas HealthCare System

Occupation

Administrator

Receipt For: 2014

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2000.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 08 / 01 / 2014

Transaction ID : SA11AI.12218

Amount of Each Receipt this Period

250.00

Payroll Deduction \$250 monthly

Full Name (Last, First, Middle Initial)

B. Zachary Zapack

Mailing Address 1015 Charlotte Ave #351

City State Zip Code
 Rock Hill SC 29732

FEC ID number of contributing
federal political committee.

C

Name of Employer

Carolinas HealthCare System

Occupation

Administrator

Receipt For: 2014

☐ Primary ☒ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

2250.00

Date of Receipt

M M / D D / Y Y Y Y Y Y
 08 / 29 / 2014

Transaction ID : SA11AI.12356

Amount of Each Receipt this Period

250.00

Payroll Deduction \$250 monthly

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City State Zip Code

FEC ID number of contributing
federal political committee.

C

Name of Employer

Occupation

Receipt For:

☐ Primary ☐ General
☐ Other (specify) ▼

Aggregate Year-to-Date ▼

Date of Receipt

M M / D D / Y Y Y Y Y Y

Amount of Each Receipt this Period

SUBTOTAL of Receipts This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

500.00

16382.75

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC

Full Name (Last, First, Middle Initial)

A. HAGAN FOR US SENATE INC

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		03		2014

Mailing Address PO BOX 29103

City	State	Zip Code
GREENSBORO	NC	27429

Transaction ID : SB23.12474Purpose of Disbursement
campaign contribution

011

Amount of Each Disbursement this Period

Candidate Name

KAY R HAGAN

Category/
Type

Office Sought:

☐

House

☒

Senate

☐

President

Disbursement For: 2014

☐

Primary

☒

General

☐

Other (specify) ▼

State: NC

District: 00

2500.00

Full Name (Last, First, Middle Initial)

B. HUDSON FOR CONGRESS

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		03		2014

Mailing Address PO BOX 5053

City	State	Zip Code
CONCORD	NC	28027

Transaction ID : SB23.12470Purpose of Disbursement
campaign contribution

011

Amount of Each Disbursement this Period

Candidate Name

RICHARD L. JR. HUDSON

Category/
Type

Office Sought:

☒

House

☐

Senate

☐

President

Disbursement For: 2014

☐

Primary

☒

General

☐

Other (specify) ▼

State: NC

District: 08

5000.00

Full Name (Last, First, Middle Initial)

C. McHenry for Congress

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		03		2014

Mailing Address PO BOX 1406

City	State	Zip Code
HICKORY	NC	28601

Transaction ID : SB23.12472Purpose of Disbursement
campaign contribution

011

Amount of Each Disbursement this Period

Candidate Name

Patrick Timothy McHenry

Category/
Type

Office Sought:

☒

House

☐

Senate

☐

President

Disbursement For: 2014

☐

Primary

☒

General

☐

Other (specify) ▼

State: NC

District: 10

5000.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

12500.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC

Full Name (Last, First, Middle Initial)

A. MEADOWS FOR CONGRESS

Mailing Address PO BOX 811

City	State	Zip Code
HENDERSONVILLE	NC	28793

Purpose of Disbursement
campaign contribution

Candidate Name

MARK R MEADOWS

Office Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☐ Primary ☒ General
☐ Other (specify) ▼

State: NC District: 11

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		03		2014

Transaction ID : SB23.12473

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. John Michael Mulvaney

Mailing Address 550 Ralph Hood Road

City	State	Zip Code
Indian Land	SC	29707

Purpose of Disbursement
CAMPAIGN CONTRIBUTION

Candidate Name

John Michael Mulvaney

Office Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☐ Primary ☒ General
☐ Other (specify) ▼

State: SC District: 05

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		03		2014

Transaction ID : SB23.12596

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

C. Pittenger for Congress

Mailing Address PO Box 11207

City	State	Zip Code
Charlotte	NC	28220

Purpose of Disbursement
campaign contribution

Candidate Name

ROBERT M. THE HON. PITTENGER

Office Sought: ☒ House
☐ Senate
☐ PresidentDisbursement For: 2014
☐ Primary ☒ General
☐ Other (specify) ▼

State: NC District: 09

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		03		2014

Transaction ID : SB23.12471

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

12500.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input checked="" type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC

Full Name (Last, First, Middle Initial)

A. TEAM GRAHAM INC

Mailing Address PO BOX 1801

City	State	Zip Code
COLUMBIA	SC	29202

Purpose of Disbursement
campaign contribution

Candidate Name

LINDSEY OLIN GRAHAM

Office Sought:

☐ House
☒ Senate
☐ President

Disbursement For: 2014

☐ Primary ☒ General
☐ Other (specify) ▼

State: SC District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		03		2014

Transaction ID : SB23.12618

Amount of Each Disbursement this Period

5000.00

Full Name (Last, First, Middle Initial)

B. THOM TILLIS COMMITTEE

Mailing Address PO BOX 2489

City	State	Zip Code
CORNELIUS	NC	28031

Purpose of Disbursement
campaign contribution

Candidate Name

THOM R TILLIS

Office Sought:

☐ House
☒ Senate
☐ President

Disbursement For: 2014

☐ Primary ☒ General
☐ Other (specify) ▼

State: NC District: 00

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		03		2014

Transaction ID : SB23.12475

Amount of Each Disbursement this Period

2500.00

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City	State	Zip Code
------	-------	----------

Purpose of Disbursement

Candidate Name

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For:

☐ Primary ☐ General
☐ Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

7500.00

32500.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 49 OF 74

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC

Full Name (Last, First, Middle Initial)

A. Alan D Clemmons

Mailing Address 1800-A North Oak Street

City	State	Zip Code
Myrtle Beach	SC	29577

Purpose of Disbursement
nonfederal contribution

011

Candidate Name

Alan D Clemmons

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		13		2014

Transaction ID : SB29.12301

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

B. Beverly Earle Campaign Committee

Mailing Address 312 S. Clarkson Street

City	State	Zip Code
Charlotte	NC	28202

Purpose of Disbursement
non federal contribution

011

Candidate Name

Beverly Earle Campaign Committee

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		02		2014

Transaction ID : SB29.12555

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

C. Bill Brawley Committee

Mailing Address 13612 O'Toole Drive

City	State	Zip Code
Matthews	NC	28105

Purpose of Disbursement
non federal contribution

011

Candidate Name

Bill Brawley Committee

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: NC District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		02		2014

Transaction ID : SB29.12549

Amount of Each Disbursement this Period

3000.00

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

5500.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 50 OF 74

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC

Full Name (Last, First, Middle Initial)

A. Brad Hutto

Mailing Address PO Box 1084

City
OrangeburgState
SCZip Code
29116Purpose of Disbursement
nonfederal contribution

011

Candidate Name

Brad Hutto

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☐ Primary ☒ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		22		2014

Transaction ID : SB29.12335

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Bruce W Bannister

Mailing Address PO Box 1828

City
GreenvilleState
SCZip Code
29602Purpose of Disbursement
nonfederal contribution

011

Candidate Name

Bruce W Bannister

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☐ Primary ☒ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		13		2014

Transaction ID : SB29.12299

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

C. Bumgardner for NC House

Mailing Address P.O. Box 55072

City
GastoniaState
NCZip Code
28055Purpose of Disbursement
non federal contribution

011

Candidate Name

Bumgardner for NC House

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☐ Primary ☒ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		02		2014

Transaction ID : SB29.12545

Amount of Each Disbursement this Period

2000.00

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

3500.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC

Full Name (Last, First, Middle Initial)

A. Carla Cunningham Campaign Committee

Mailing Address 6129 Sunbridge Court

City	State	Zip Code
Charlotte	NC	28269

Purpose of Disbursement
non federal contribution

011

Candidate Name

Carla Cunningham Campaign Committee

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☐ Primary ☒ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	02	/	2014

Transaction ID : SB29.12552

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

B. Charles Jeter Committee

Mailing Address 15806 Brookway Drive; Suite 600

City	State	Zip Code
Huntersville	NC	28078

Purpose of Disbursement
non federal contribution

011

Candidate Name

Charles Jeter Committee

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☐ Primary ☒ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	02	/	2014

Transaction ID : SB29.12559

Amount of Each Disbursement this Period

3000.00

Full Name (Last, First, Middle Initial)

C. Chauncey K Gregory

Mailing Address PO Box 1381

City	State	Zip Code
Lancaster	SC	29721

Purpose of Disbursement
nonfederal contribution

011

Candidate Name

Chauncey K Gregory

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☐ Primary ☒ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08	/	22	/	2014

Transaction ID : SB29.12345

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

6000.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 52 OF 74

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC

Full Name (Last, First, Middle Initial)

A. Chris Whitmire for NC House

Mailing Address 136 Whitmire Farms Drive

City	State	Zip Code
Brevard	NC	28712

Purpose of Disbursement
non federal contribution

011

Candidate Name

Chris Whitmire for NC House

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		03		2014

Transaction ID : SB29.12571

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

B. Citizens to Elect Kathy Harrington

Mailing Address 3324 Lincoln Lane

City	State	Zip Code
Gastonia	NC	28056

Purpose of Disbursement
non federal contribution

011

Candidate Name

Citizens to Elect Kathy Harrington

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		02		2014

Transaction ID : SB29.12534

Amount of Each Disbursement this Period

3000.00

Full Name (Last, First, Middle Initial)

C. Committee to Elect Carl Ford

Mailing Address 320 Ketchie Estate Road

City	State	Zip Code
China Grove	NC	28023

Purpose of Disbursement
nonfederal contribution

011

Candidate Name

Committee to Elect Carl Ford

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		02		2014

Transaction ID : SB29.12602

Amount of Each Disbursement this Period

3000.00

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

8000.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC

Full Name (Last, First, Middle Initial)

A. Committee to Elect Jacqueline Schaffer

Mailing Address 12113 Shoal Creek Court

City	State	Zip Code
Charlotte	NC	28277

Purpose of Disbursement
non federal contribution

011

Candidate Name

Committee to Elect Jacqueline Schaffer

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		03		2014

Transaction ID : SB29.12567

Amount of Each Disbursement this Period

3000.00

Full Name (Last, First, Middle Initial)

B. Committee to Elect Jeff Tarte

Mailing Address 19825 B North Cove Road-Box 114

City	State	Zip Code
Cornelius	NC	28031

Purpose of Disbursement
non federal contribution

011

Candidate Name

Committee to Elect Jeff Tarte

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		03		2014

Transaction ID : SB29.12569

Amount of Each Disbursement this Period

3000.00

Full Name (Last, First, Middle Initial)

C. Committee to Elect Kelly Alexander

Mailing Address PO BOX 16896

City	State	Zip Code
Charlotte	NC	28297-6896

Purpose of Disbursement
nonfederal contribution

011

Candidate Name

Committee to Elect Kelly Alexander

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		24		2014

Transaction ID : SB29.12621

Amount of Each Disbursement this Period

2000.00

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

8000.00

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SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 54 OF 74

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC

Full Name (Last, First, Middle Initial)

A. Committee to Elect Ken Goodman

Mailing Address 832 Williamsburg Drive

City	State	Zip Code
Rockingham	NC	28379

Purpose of Disbursement
nonfederal contribution

011

Candidate Name

Committee to Elect Ken Goodman

Category/
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		03		2014

Transaction ID : SB29.12611

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

B. Committee to Elect Larry Pittman

Mailing Address PO Box 6311

City	State	Zip Code
Concord	NC	28027

Purpose of Disbursement
non federal contribution

011

Candidate Name

Committee to Elect Larry Pittman

Category/
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		02		2014

Transaction ID : SB29.12561

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

C. Committee to Elect Linda P. Johnson

Mailing Address 1205 Berkshire Drive

City	State	Zip Code
Kannapolis	NC	28081

Purpose of Disbursement
non federal contributions

011

Candidate Name

Committee to Elect Linda P. Johnson

Category/
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		02		2014

Transaction ID : SB29.12556

Amount of Each Disbursement this Period

3000.00

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

7000.00

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SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC

Full Name (Last, First, Middle Initial)

A. Committee to Elect Michele Presnell

Mailing Address 316 Woodstock Drive

City	State	Zip Code
Burnsville	NC	28714

Purpose of Disbursement
non federal contribution

011

Candidate Name

Committee to Elect Michele Presnell

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☐ Primary ☒ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		03		2014

Transaction ID : SB29.12562

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

B. Committee to Elect Rodney W. Moore

Mailing Address P.O. Box 44107

City	State	Zip Code
Charlotte	NC	28215

Purpose of Disbursement
non federal contribution

011

Candidate Name

Committee to Elect Rodney W. Moore

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☐ Primary ☒ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		02		2014

Transaction ID : SB29.12560

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

C. Committee to Re-Elect Becky Carney

Mailing Address PO BOX 32873

City	State	Zip Code
Charlotte	NC	28232

Purpose of Disbursement
non federal contribution

011

Candidate Name

Committee to Re-Elect Becky Carney

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☐ Primary ☒ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		02		2014

Transaction ID : SB29.12550

Amount of Each Disbursement this Period

2000.00

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

6000.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC

Full Name (Last, First, Middle Initial)

A. Creighton B Coleman

Mailing Address PO Box 1006

City
WinnsboroState
SCZip Code
29180Purpose of Disbursement
nonfederal contribution

011

Candidate Name

Creighton B Coleman

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☐ Primary ☒ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		13		2014

Transaction ID : SB29.12333

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. David Curtis Campaign

Mailing Address P.O. Box 278

City
DenverState
NCZip Code
28037Purpose of Disbursement
non federal contribution

011

Candidate Name

David Curtis Campaign

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☐ Primary ☒ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		02		2014

Transaction ID : SB29.12553

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

C. Davis for NC Senate

Mailing Address 37 Georgia Road

City
FranklinState
NCZip Code
28734Purpose of Disbursement
non federal contribution

011

Candidate Name

Davis for NC Senate

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☐ Primary ☒ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		02		2014

Transaction ID : SB29.12557

Amount of Each Disbursement this Period

2000.00

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

5000.00

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	21b		22		23		24		25		26
	27		28a		28b		28c	X	29		30b

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 59 OF 74

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC

Full Name (Last, First, Middle Initial)

A. Friends to Elect John Torbett

Mailing Address 232 Louise Drive

City	State	Zip Code
Stanley	NC	28164

Purpose of Disbursement
non federal contribution

011

Candidate Name

Friends to Elect John Torbett

Category/
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		02		2014

Transaction ID : SB29.12546

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

B. G. Murrell Smith

Mailing Address PO Box 580

City	State	Zip Code
Sumter	SC	29150

Purpose of Disbursement
nonfederal contribution

011

Candidate Name

G. Murrell Smith

Category/
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		13		2014

Transaction ID : SB29.12303

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

C. Gary Simrill for House

Mailing Address 1515 Alexander Road

City	State	Zip Code
Rock Hill	SC	29732

Purpose of Disbursement
nonfederal contribution

011

Candidate Name

Gary Simrill for House

Category/
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		13		2014

Transaction ID : SB29.12289

Amount of Each Disbursement this Period

500.00

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

3000.00

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SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 60 OF 74

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC

Full Name (Last, First, Middle Initial)

A. Gerald Malloy

Mailing Address PO Box 1200

City	State	Zip Code
Hartsville	SC	29551

Purpose of Disbursement
nonfederal contribution

011

Candidate Name

Gerald Malloy

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		22		2014

Transaction ID : SB29.12337

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Gilda Cobb-Hunter

Mailing Address PO Box 2263

City	State	Zip Code
Orangeburg	SC	29116-2263

Purpose of Disbursement
nonfederal contribution

011

Candidate Name

Gilda Cobb-Hunter

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		13		2014

Transaction ID : SB29.12321

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

C. Hartsell - State Senator Committee

Mailing Address PO BOX 1709

City	State	Zip Code
Concord	NC	28206-1709

Purpose of Disbursement
non federal contributions

011

Candidate Name

Hartsell - State Senator Committee

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		02		2014

Transaction ID : SB29.12558

Amount of Each Disbursement this Period

4000.00

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

5500.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 61 OF 74

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC

Full Name (Last, First, Middle Initial)

A. Harvey Peeler

Mailing Address PO Box 742

City	State	Zip Code
Gaffney	SC	29342

Purpose of Disbursement
nonfederal contribution

011

Candidate Name

Harvey Peeler

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☐ Primary ☒ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		22		2014

Transaction ID : SB29.12341

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

B. Horn for NC House Committee

Mailing Address 2100 Dilworth Road East

City	State	Zip Code
Charlotte	NC	28203

Purpose of Disbursement
non federal contribution

011

Candidate Name

Horn for NC House Committee

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☐ Primary ☒ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		03		2014

Transaction ID : SB29.12577

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

C. Hugh K Leatherman

Mailing Address 1817 Pineland Drive

City	State	Zip Code
Florence	SC	29501

Purpose of Disbursement
nonfederal contibution

011

Candidate Name

Hugh K Leatherman

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☐ Primary ☒ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		22		2014

Transaction ID : SB29.12347

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

4000.00

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SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC

Full Name (Last, First, Middle Initial)

A. J. Todd Rutherford

Mailing Address 2321 Lincoln Street

City	State	Zip Code
Columbia	SC	29201

Purpose of Disbursement
nonfederal contribution

Candidate Name

J. Todd Rutherford

Office Sought:	House
	Senate
	President

State: District:

Disbursement For: 2014

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		13		2014

Transaction ID : SB29.12317

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

B. Jackie E Hayes

Mailing Address 240 Bermuda Road

City	State	Zip Code
Dillon	SC	29536

Purpose of Disbursement
nonfederal contribution

Candidate Name

Jackie E Hayes

Office Sought:	House
	Senate
	President

State: District:

Disbursement For: 2014

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		13		2014

Transaction ID : SB29.12329

Amount of Each Disbursement this Period

250.00

Full Name (Last, First, Middle Initial)

C. James E Smith

Mailing Address PO Box 50333

City	State	Zip Code
Columbia	SC	29250

Purpose of Disbursement
nonfederal contribution

Candidate Name

James E Smith

Office Sought:	House
	Senate
	President

State: District:

Disbursement For: 2014

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		13		2014

Transaction ID : SB29.12319

Amount of Each Disbursement this Period

500.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

1250.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC

Full Name (Last, First, Middle Initial)

A. James H Lucas

Mailing Address PO Drawer 1408

City	State	Zip Code
Hartsville	SC	29550

Purpose of Disbursement
nonfederal contribution

011

Candidate Name

James H Lucas

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		13		2014

Transaction ID : SB29.12297

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

B. Jason Saine Committee

Mailing Address 7465 Bluff Point Lane

City	State	Zip Code
Denver	NC	28037

Purpose of Disbursement
non federal contribution

011

Candidate Name

Jason Saine Committee

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		03		2014

Transaction ID : SB29.12564

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

C. Jeff Jackson for NC Senate

Mailing Address 2519 Cranbrook Lane

City	State	Zip Code
Charlotte	NC	28207

Purpose of Disbursement
non federal contribution

011

Candidate Name

Jeff Jackson for NC Senate

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		02		2014

Transaction ID : SB29.12604

Amount of Each Disbursement this Period

2000.00

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

4500.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC

Full Name (Last, First, Middle Initial)

A. Jeffrey Elmore for NC House

Mailing Address PO BOX 522

City	State	Zip Code
North Wilkesboro	NC	28659

Purpose of Disbursement
non federal contribution

011

Candidate Name

Jeffrey Elmore for NC House

Category/
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		03		2014

Transaction ID : SB29.12580

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

B. John R King

Mailing Address PO Box 11555

City	State	Zip Code
Rock Hill	SC	29731

Purpose of Disbursement
nonfederal contribution

011

Candidate Name

John R King

Category/
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		13		2014

Transaction ID : SB29.12325

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

C. Joyce Waddell Senate 40 Campaign Committee

Mailing Address 1928 Bonnie Lane

City	State	Zip Code
Charlotte	NC	28213

Purpose of Disbursement
nonfederal contribution

011

Candidate Name

Joyce Waddell Senate 40 Campaign Committee

Category/
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014

<input type="checkbox"/> Primary	<input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼	

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		03		2014

Transaction ID : SB29.12607

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

3500.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC

Full Name (Last, First, Middle Initial)

A. Justin Burr for NC House

Mailing Address P.O. BOX 1966

City
AlbermarleState
NCZip Code
28002Purpose of Disbursement
non federal contribution

011

Candidate Name

Justin Burr for NC House

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☐ Primary ☒ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	03	/	2014

Transaction ID : SB29.12574

Amount of Each Disbursement this Period

3000.00

Full Name (Last, First, Middle Initial)

B. Ken Waddell for North Carolina House

Mailing Address 9247 Silver Spoon Road

City
ClarktonState
NCZip Code
28433Purpose of Disbursement
non federal contribution

011

Candidate Name

Ken Waddell for North Carolina House

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☐ Primary ☒ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09	/	03	/	2014

Transaction ID : SB29.12565

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

C. Laurie S Funderburk

Mailing Address 1804 Broad Street

City
CamdenState
SCZip Code
29020Purpose of Disbursement
nonfederal contribution

011

Candidate Name

Laurie S Funderburk

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☐ Primary ☒ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08	/	13	/	2014

Transaction ID : SB29.12323

Amount of Each Disbursement this Period

500.00

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

5500.00

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SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTSUse separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC

Full Name (Last, First, Middle Initial)

A. Leo Daughtry for NC House

Mailing Address PO BOX 1960

City	State	Zip Code
Smithfield	NC	27577

Purpose of Disbursement
nonfederal contribution

011

Candidate Name

Leo Daughtry for NC House

Category/
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		29		2014

Transaction ID : SB29.12622

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

B. Leon Howard

Mailing Address 2425 Barharnville Road

City	State	Zip Code
Columbia	SC	29204

Purpose of Disbursement
nonfederal contribution

011

Candidate Name

Leon Howard

Category/
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		13		2014

Transaction ID : SB29.12315

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

C. Mandy P Norrell

Mailing Address PO Box 994

City	State	Zip Code
Lancaster	SC	29721

Purpose of Disbursement
nonfederal contribution

011

Candidate Name

Mandy P Norrell

Category/
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		13		2014

Transaction ID : SB29.12327

Amount of Each Disbursement this Period

250.00

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

1250.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
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(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC

Full Name (Last, First, Middle Initial)

A. Michael A Anthony

Mailing Address 322 Mt Vernon Road

City	State	Zip Code
Union	SC	29379

Purpose of Disbursement
nonfederal contribution

011

Candidate Name

Michael A AnthonyCategory/
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		13		2014

Transaction ID : SB29.12331

Amount of Each Disbursement this Period

250.00

Full Name (Last, First, Middle Initial)

B. Nikki G. Setzler

Mailing Address PO Box 6036

City	State	Zip Code
West Columbia	SC	29171

Purpose of Disbursement
nonfederal contribution

011

Candidate Name

Nikki G. SetzlerCategory/
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		13		2014

Transaction ID : SB29.12295

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Nikki Haley for Governor

Mailing Address PO BOX 1773

City	State	Zip Code
Columbia	SC	29202

Purpose of Disbursement
non federal contribution

011

Candidate Name

Nikki Haley for GovernorCategory/
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		03		2014

Transaction ID : SB29.12613

Amount of Each Disbursement this Period

2500.00

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

3750.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC

Full Name (Last, First, Middle Initial)

A. Phil Berger Committee

Mailing Address P.O. Box 1309

City	State	Zip Code
Eden	NC	27289

Purpose of Disbursement
non federal contribution

011

Candidate Name

PHILIP E. BERGER CAMPAIGNCategory/
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		02		2014

Transaction ID : SB29.12548

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

B. Ralph Hise for NC Senate

Mailing Address P.O. Box 86

City	State	Zip Code
Spruce Pine	NC	28777

Purpose of Disbursement
non federal contribution

011

Candidate Name

Ralph Hise for NC SenateCategory/
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		03		2014

Transaction ID : SB29.12573

Amount of Each Disbursement this Period

3000.00

Full Name (Last, First, Middle Initial)

C. Ralph Norman

Mailing Address PO Box 36518

City	State	Zip Code
Rock Hill	SC	29732

Purpose of Disbursement
nonfederal contribution

011

Candidate Name

Ralph NormanCategory/
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		13		2014

Transaction ID : SB29.12311

Amount of Each Disbursement this Period

500.00

SUBTOTAL of Disbursements This Page (optional)..... ►**TOTAL** This Period (last page this line number only)..... ►

5500.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC

Full Name (Last, First, Middle Initial)

A. Randleman Senate Campaign

Mailing Address 487 Triple Cove Drive

City
WilkesboroState
NCZip Code
28697-7493Purpose of Disbursement
non federal contribution

011

Candidate Name

Randleman Senate Campaign

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☐ Primary ☒ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		03		2014

Transaction ID : SB29.12582

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

B. Regina R Felder

Mailing Address 116 Mary Mack Lane

City
Fort MillState
SCZip Code
29715Purpose of Disbursement
nonfederal contribution

011

Candidate Name

Regina R Felder

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☐ Primary ☒ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		13		2014

Transaction ID : SB29.12313

Amount of Each Disbursement this Period

250.00

Full Name (Last, First, Middle Initial)

C. Rob Bryan

Mailing Address 3517 Broadfield Rd

City
CharlotteState
NCZip Code
28226Purpose of Disbursement
non federal contribution

011

Candidate Name

Rob Bryan

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☐ Primary ☒ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		03		2014

Transaction ID : SB29.12566

Amount of Each Disbursement this Period

3000.00

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

5250.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC

Full Name (Last, First, Middle Initial)

A. Robert Rucho Committee

Mailing Address 305 Trafalgar Place

City

Matthews

State

NC

Zip Code

28105

Purpose of Disbursement
non federal contribution

011

Candidate Name

Robert Rucho Committee

Category/
Type

Office Sought:

☐ House☐ Senate☐ President

Disbursement For: 2014

☐ Primary☒ General☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		03		2014

Transaction ID : SB29.12570

Amount of Each Disbursement this Period

3000.00

Full Name (Last, First, Middle Initial)

B. Robert W Hayes

Mailing Address 1486 Cureton Drive

City

Rock Hill

State

SC

Zip Code

29732

Purpose of Disbursement
nonfederal contribution

011

Candidate Name

Robert W Hayes

Category/
Type

Office Sought:

☐ House☐ Senate☐ President

Disbursement For: 2014

☐ Primary☒ General☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		22		2014

Transaction ID : SB29.12349

Amount of Each Disbursement this Period

1000.00

Full Name (Last, First, Middle Initial)

C. Roger West Campaign

Mailing Address PO BOX 661

City

Murphy

State

NC

Zip Code

28906

Purpose of Disbursement
non federal contribution

011

Candidate Name

Roger West Campaign

Category/
Type

Office Sought:

☐ House☐ Senate☐ President

Disbursement For: 2014

☐ Primary☒ General☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		02		2014

Transaction ID : SB29.12536

Amount of Each Disbursement this Period

2000.00

SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

6000.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

PAGE 72 OF 74

<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC

Full Name (Last, First, Middle Initial)

A. The Committee to Elect Garland Pierce

Mailing Address 21981 Buie Street

City Wagram	State NC	Zip Code 28396
----------------	-------------	-------------------

Purpose of Disbursement
non federal contribution

011

Candidate Name

The Committee to Elect Garland Pierce

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☐ Primary ☒ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		03		2014

Transaction ID : SB29.12609

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

B. The Joel Ford Committee

Mailing Address P.O. Box 36391

City Charlotte	State NC	Zip Code 28236
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Purpose of Disbursement
non federal contribution

011

Candidate Name

The Joel Ford Committee

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☐ Primary ☒ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		03		2014

Transaction ID : SB29.12568

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

C. Thomas C Alexander

Mailing Address 150 Cleveland Drive

City Walhalla	State SC	Zip Code 29691
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Purpose of Disbursement
nonfederal contribution

011

Candidate Name

Thomas C Alexander

Category/
Type

Office Sought:

☐ House
☐ Senate
☐ President

Disbursement For: 2014

☐ Primary ☒ General
☐ Other (specify) ▼

State:

District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		22		2014

Transaction ID : SB29.12339

Amount of Each Disbursement this Period

1000.00

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

5000.00

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**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC

Full Name (Last, First, Middle Initial)

A. Thomas E Pope

Mailing Address PO Box 11091

City	State	Zip Code
Rock Hill	SC	29731

Purpose of Disbursement
nonfederal contribution

011

Candidate Name

Thomas E Pope

Category/
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
08		13		2014

Transaction ID : SB29.12309

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

B. Tommy Tucker for NC Senate

Mailing Address 1206 Rosehill Drive

City	State	Zip Code
Waxhaw	NC	28173

Purpose of Disbursement
non federal contribution

011

Candidate Name

Tommy Tucker for NC Senate

Category/
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		03		2014

Transaction ID : SB29.12579

Amount of Each Disbursement this Period

3000.00

Full Name (Last, First, Middle Initial)

C. Tricia Cotham Committee

Mailing Address 107 Sardis Grove Lane

City	State	Zip Code
Matthews	NC	28105

Purpose of Disbursement
non federal contribution

011

Candidate Name

Tricia Cotham Committee

Category/
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y
09		02		2014

Transaction ID : SB29.12551

Amount of Each Disbursement this Period

2000.00

SUBTOTAL of Disbursements This Page (optional)..... ►

TOTAL This Period (last page this line number only)..... ►

5500.00

**SCHEDULE B (FEC Form 3X)
ITEMIZED DISBURSEMENTS**Use separate schedule(s)
for each category of the
Detailed Summary PageFOR LINE NUMBER:
(check only one)

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<input type="checkbox"/> 21b	<input type="checkbox"/> 22	<input type="checkbox"/> 23	<input type="checkbox"/> 24	<input type="checkbox"/> 25	<input type="checkbox"/> 26
<input type="checkbox"/> 27	<input type="checkbox"/> 28a	<input type="checkbox"/> 28b	<input type="checkbox"/> 28c	<input checked="" type="checkbox"/> 29	<input type="checkbox"/> 30b

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NAME OF COMMITTEE (In Full)

CHARLOTTE-MECKLENBURG HOSPITAL AUTHORITY/CAROLINAS HEALTHCARE SYSTEM EMPLOYEES FED PAC

Full Name (Last, First, Middle Initial)

A. Warren Daniel for NC Senate

Mailing Address 309 West Union Street

City	State	Zip Code
Morganton	NC	28680

Purpose of Disbursement
non federal contribution

011

Candidate Name

Warren Daniel for NC Senate

Category/
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
09		02		2014

Transaction ID : SB29.12554

Amount of Each Disbursement this Period

2000.00

Full Name (Last, First, Middle Initial)

B. William H O'Dell

Mailing Address PO Box 540

City	State	Zip Code
Ware Shoals	SC	29692

Purpose of Disbursement
nonfederal contribution

011

Candidate Name

William H O'Dell

Category/
Type

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For: 2014
<input type="checkbox"/> Primary <input checked="" type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
08		22		2014

Transaction ID : SB29.12353

Amount of Each Disbursement this Period

500.00

Full Name (Last, First, Middle Initial)

C.

Mailing Address

City	State	Zip Code
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Purpose of Disbursement

Category/
Type

Candidate Name

Office Sought:	<input type="checkbox"/> House
	<input type="checkbox"/> Senate
	<input type="checkbox"/> President

Disbursement For:
<input type="checkbox"/> Primary <input type="checkbox"/> General
<input type="checkbox"/> Other (specify) ▼

State: District:

Date of Disbursement

M M M	/	D D D	/	Y Y Y Y Y Y
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Amount of Each Disbursement this Period

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SUBTOTAL of Disbursements This Page (optional).....▶

TOTAL This Period (last page this line number only).....▶

2500.00

125750.00